FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000001012 (8)

STONEMARK FLORIDA, INC.

Principal Place of Business Mailing Address

FILED Feb 09 1998 8:00am Secretary of State



621 NW 53 ST. STE, 255 BOCA RATON FL 33487		621 NW 53 ST., STE, 255 BOCA RATON FL 33487			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
ļ					12/30/1996
2. Principal Place of Business 2a. Mailing Add.					4. FEI Number 65-672 9942 Applied For
21		26			APPLIED FOR Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		Zip Country			Trust Fund Contribution
Zip	Country	Zip	¬ ´	1	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	9. Name and Address of Currer	29 30 at Registered Agent	<u> </u>		10. Name and Address of New Registered Agent
		ic trogistis of Pigotic	81	Nar	
GORAY, GERALD A					
621 NW 53 ST., STE. 255 BOCA RATON FL 33487			82 Street Ad		eet Address (P.O. Box Number is Not Acceptable)
00	CA TATUR FL 33407		83		
			84	City	y 85 Zip Code
uk.					FL 1 1 1 1 1 1 1 1 1
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, Noed or orhited name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rehistating) DATE					
12,	OFFICERS AN		13.	ent signa	alure required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D OF IGENS AND	DELETE	1.1 TITLE		Change Addition
NAME	ZIEGELMAN, ERWIN C	_	1.2 NAME		_ , _
STREET ADDRESS	621 NW 53 ST., STE. 255		1,3 STREET	ADDRES	iss
CITY-ST-ZIP	BOCA RATON FL 33487		1.4 CITY - S		
TITLE	D	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ZIEGELMAN, ALLAN G		2.2 NAME		Į
STREET ADDRESS	621 NW 53 ST., STE, 255	ļ	2.3 STREET ADDRESS		SS
C(TY - ST - ZIP	BOCA RATON FL 33487		2. 4 CITY - ST - ZIP		
TITLE	D	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GORAY, GERALD A		3.2 NAME		
STREET ADDRESS	621 NW 53 ST., STE. 255		3.3 STREET ADDRESS		ss !
CITY-ST-ZIP	BOCA RATON FL 33487		3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	ADDRES	ss
CITY-ST-ZIP			4.4 CITY-ST	T-ZIP	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRES	ss
CITY-ST-ZIP			5.4 CITY-ST	T-ZIP_	
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
		7			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

561/994-2229