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FILED

**May 12 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000022915 (7)
1. Corporation Name
SUNMARK GROUP, INC.



Principal Place of Business: P O BOX 3880 CLEARWATER FL 34630
Mailing Address: P O BOX 3880 CLEARWATER FL 34630

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-fields for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: 03/07/1997

4. FEI Number: 65-0739254

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent: COUTRE, GERALD, 901 CHESTNUT STREET STE A, CLEARWATER FL 34630

10. Name and Address of New Registered Agent: GERALD COUTRE, 901 CHESTNUT ST. STE A, CLEARWATER FL 33756

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: *Gerald Coutre* DATE: 4/29/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DIRECTOR / VICE PRESIDENT
NAME	COUTRE, GERALD	1.2 NAME	COUTRE, GERALD
STREET ADDRESS	901 CHESTNUT STREET STE A	1.3 STREET ADDRESS	901 CHESTNUT ST, STE A
CITY-ST-ZIP	CLEARWATER FL 34630	1.4 CITY-ST-ZIP	CLEARWATER FL 33756
TITLE		2.1 TITLE	PRESIDENT
NAME		2.2 NAME	WALTER MCGIVNEY
STREET ADDRESS		2.3 STREET ADDRESS	8525 N. ARMENIA AVE, STE 69
CITY-ST-ZIP		2.4 CITY-ST-ZIP	TAMPA, FL 33604
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Gerald Coutre* DATE: 4/29/98

CP2E034 (10/97)