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

P**RO**FIT CORPORATION ANNUAL REPORT

officer or director of the co Block 12 or Block 13 if chr



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # P97000076027 (6)

S MARK INTERNATIONAL, INC.

FILED Jun 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 8398 RURAL LANE 8398 RURAL LANE **BOCA RATON FL 33433 BOCA RATON FL 33433** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/02/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0777086 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zin Country 8. This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 TEITELBAUM, MARK 8398 RURAL LANE 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33433** 83 City Zip Code 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 reoffice 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 repragent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRI 12. 13. DELETE TITI F 1 1 TITLE TEITELBAUM, MARK NAME 1.2 NAME 8398 RURAL LANE 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 11TLE TITLE TEITELBAUM, AMY NAME 22 NAME 8398 RURAL LANE 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY - ST - ZIP City-ST-ZIP DELETE TITLE 4.1 TiTLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 C(TY - \$1 - ZIP 900002563895 -86/18/98--81828--018 DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS ***150, 00 CITY - ST-ZIP 6.4 C(TY - ST - 7)P 14. Thereby certify that the information supplied with the indicated on this annual reporter supplied entertial and

prination 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 proving supplied and indian epot is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an update of the receiver of flustre empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the formation and control of the receiver of flustre empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the formation of the receiver of flustre empowered to execute this report as required by Chapter 607, Florida Statutes.