

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

**FILED**  
**Apr 05, 1999 8:00 am**  
**Secretary of State**

04-05-1999 90026 024 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 499088**

1. Corporation Name  
**SUNCRAFT ENGINEERING AND CONSTRUCTION CORPORATION**



Principal Place of Business  
**3308 HORSHOE DRIVE  
 LONGWOOD FL 32779**

Mailing Address  
**3308 HORSHOE DRIVE  
 LONGWOOD FL 32779**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/16/1976**

2. Principal Place of Business  
 2a. Mailing Address

4. FEI Number  
**59-1655536**

21. Suite, Apt. #, etc.  
 26. Suite, Apt. #, etc.

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

22. City & State  
 27. City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

23. Zip Country  
 28. Zip Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOTIC, HELLA M.  
 3308 HORSESHOE DR.  
 LONGWOOD FL 32779**

81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City  
**FL** 85. 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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOTIC, BRANIMIR	
STREET ADDRESS	3308 HORSHOE DRIVE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BOTIC, HELLA M.	
STREET ADDRESS	3308 HORSHOE DRIVE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BOTIC, BRYAN S.	
STREET ADDRESS	3308 HORSHOE DRIVE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BOSTON, RODGER E.	
STREET ADDRESS	1001 OBSERVATORY CT.	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *Hella M. Botic*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 30, 1999 (407) 788-3007  
 Date Daytime/Phone #

CR2E034 (1/1/98)

03/04/99