

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90055 020 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 741297**

1. Corporation Name  
**SUNSET, INC.**

Principal Place of Business 6400 ESTERO BLVD FT MYERS BCH FL 33931 US	Mailing Address 6400 ESTERO BLVD FT MYERS BCH FL 33931 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/30/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1841590
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LYNCH, LILLIAN T. 6400 ESTERO BLVD UNIT 1001 FT MYERS BCH FL 33931		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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWE, CHARLES	1.2 NAME	
STREET ADDRESS	6400 ESTERO BLVD UNIT 802	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BCH FL	1.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELLOR, KENNETH P	2.2 NAME	DICKERHOOF, DAN
STREET ADDRESS	6400 ESTERO BLVD #801	2.3 STREET ADDRESS	6400 Estero Blvd - Unit 205
CITY-ST-ZIP	FT MYERS BCH FL	2.4 CITY-ST-ZIP	FT Myers Bch, FL 33931
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, LILLIAN T	3.2 NAME	TD
STREET ADDRESS	6400 ESTERO BLVD #1001	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BCH FL	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAFF, PETER	4.2 NAME	McGUIRK, John
STREET ADDRESS	6400 ESTERO BLVD UNIT 605	4.3 STREET ADDRESS	6400 Estero Blvd - Unit 603
CITY-ST-ZIP	FT MYERS BCH FL	4.4 CITY-ST-ZIP	FT Myers Bch, FL 33931
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, WILLARD R	5.2 NAME	
STREET ADDRESS	6400 ESTERO BLVD, #703	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BCH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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: \_\_\_\_\_ SIGNATURE REQUIRED *Lillian S. Lynch* Date: *2/26/99* (941) 463-6066

CR2E037 (1/198)