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PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300005405 1. Corporation Name

SUN HOME SERVICES, INC.

		·			
Principal Place	of Business	Mailing Address			
31700 MIDDLEBE	ELT ROAD	31700 MIDDLEBELT ROAD			
SUITE 145		SUITE 145		DO NOT WRITE IN	THIS SPACE
FARMINGTON H	LLS MI 48334	FARMINGTON HILLS MI 48334	ŀ		THIS SPACE
	,			3. Date Incorporated or Qualifed	}
				11/29/1993	Applied For
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21	·	26		62-1370068	Not Applicable
Suite, Apt.	ŧ, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27			
City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current ye	ar Intangible □ Yes □ No
24	25	29 3	0	Personal Property Tax.	
	9. Name and Address of Curren		04 None	10. Name and Address of New Register	ered Agent
0.76			81 Name	•	· .
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD		82 Street A	ddress (P.O. Box Number is Not Acceptable)		
				2 2 1 1 2 2 2 1 C 3 K 441 P H11	2 2 4 4 5 4 5 4 5 4 5 4 6 6 6 7 7 8 6 6 7 8 7 8 7 8 8 8 7 8 8 8 7 8 8 8 7 8
PLAN	ITATION FL 33324		83		
! :	• •		84 City	\$ 4. 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	85 Zip Code
}			1 1	<u></u>	FL 1
11. Pursuant I office or re agent. I ar	o the provisions of Sections 607.050: ogistered agent, or both, in the State in familiar with, and accept the obligat	2 and 607.1508, Florida Statutes of Florida: Such change was autitions of, Section 607.0505, Florid	, the above-named or horized by the corpor la Statutes.	orporation submits this statement for the purpo ation's board of directors. I hereby accept the	se of changing its registered appointment as registered
l .		·			
SIGNATURE				uired when rainstating)' DA	
	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: R	egistered Agent signature req		
12.	OFFICERS AN	nt and title if applicable. (NOTE: R	egistered Agent signature req	ADDITIONS/CHANGES TO OFFICER	
12.	OFFICERS AN	nt and title if applicable. (NOTE: R	tegistered Agent signature req 13.		RS AND DIRECTORS IN 12
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 08, 1999 8:00 am Secretary of State

02-08-1999 90011 019 ***150.00