

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H72556** (4)
1. Corporation Name
SUNNY ACRES OF TAMPA, INC.

Principal Place of Business 10200 N. ARMENIA APT. 3302 TAMPA FL 33612 US	Mailing Address 10200 N. ARMENIA APT. 3302 TAMPA FL 33612 US
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2. Principal Place of Business 11711 Wesson Circle	2a. Mailing Address 11711 Wesson Circle
21. Suite, Apt. #, etc. Tampa, Florida	26. Suite, Apt. #, etc. Tampa, Florida
22. City & State 33618 Hillsborough	27. City & State 33618 Hillsborough
23. Zip 33618 Hillsborough	28. Zip 33618 Hillsborough
24. Country US	29. Country US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/22/1985	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2646950	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WISE, ROBERT S., ESQ. 1205 W FLETCHER AVENUE SUITE A TAMPA FL 33612-3383	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DAMMOUS, BIANCA 10200 N. ARMENIA, APT. 3302 TAMPA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Edmond A. Damus 1920 Deyerle Circle Road, SW Roanoke, VA 24018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DAMMOUS, BIANCA 11711 Wesson Circle E. TAMPA FL 33618	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William Dammous* **William DAMMOUS** 4/28/98 813 908 9102

CR2E034 (10/97)