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Secretary of State

05-07-1999 90070 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L86699 1. Corporation Name SUNTACC AND COMPANY, INC.			
Principal Place of Business 1 DOUGLAS ST HOMOSASSA FL 32646 US		Mailing Address ULLMAN, SAMUEL C. C/O KELLEY DRYE & WARREN 201 S. BISCAYNE BLVD., STE. 2400 MIAMI FL 33131 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 ATTN: Controller 27 PO Box 3809 28 Homosassa Sp. FL 29 34447 30 USA	
9. Name and Address of Current Registered Agent ULLMAN, SAMUEL C. 201 SOUTH BISCAYNE BOULEVARD SUITE 2400 MIAMI FL 33131			
10. Name and Address of New Registered Agent 81 Name Mr. Stanley E. Cooke 82 Street Address (P.O. Box Number is Not Acceptable) One Douglas Street 83 84 City Homosassa FL 85 Zip Code 34446			
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 Stanley E Cooke STANLEY E COOKE DATE 4-28-99 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT INOUE, YUKIHISA 18 UMENOKICHO, SHIMOGAMO KYOTO, JAPAN <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OGASAWARA, YUMICO 18 UMENOKICHO, SHIMOGAMO KYOTO, JAPAN <input type="checkbox"/> DELETE	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	VSD ISHIHARA, KAYOKO 3-78 YOBITSUGI-CHO AICHI, JAPAN <input type="checkbox"/> DELETE	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	V SANDERS, JAMES 137 DOUGLASS ST. HOMOSASSA FL <input checked="" type="checkbox"/> DELETE	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	V COOKE, STANLEY 5 RYEWOOD CIR. HOMOSASSA FL <input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE: **Stanley E Cooke** **STANLEY E. COOKE** DATE **4-28-99** DAYTIME PHONE # **352-796-5500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)