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

**FILED** Apr 17 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P95000046709 SUNNET CORP. Principal Place of Business Mailing Address 116 CANAL STREET 116 CANAL STREET SUITE B DO NOT WRITE IN THIS SPACE NEW SMYRNA BEACH FL 32188-7004 NEW SMYRNA BEACH FL 32168-7004 3. Date Incorporated or Qualified 06/09/1995 2. Principal Place of Business 123/4 South 2a. Mailing Address /23/4 Applied For 59-3324321 Not Applicable \$8.75 Additional M 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country This corporation owes or has paid the current year Intangible 1194 Yes Yes □ No 30 25 29 Personal Property Tax due June 30. g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DAVYDOV, VLADIMIR V 112 VIA BENEVENTO **NEW SMYRNA BEACH FL 32169** 11. Pursuant to the provisions of Sections 607.0502 and 607/508. 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 Statutes, the above-named 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. (NO1£. Registered Agen) signature required when reinstating) 12. CTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE DAVYDOV, VLADIMIR V 1.2 NAME 112 VIA BENEVENTO 1.3 STREET ADDRESS STREET ADDRESS **NEW SMYRNA BEACH FL 32169** CITY-ST-ZIP 1.4 CITY-\$1-2iP DELETE 2 1 TITLE TITLE TODO, FRANCES D. 2.2 NAME NAME 621 N. RIVERSIDE DRIVE 2.3 STREET ADORESS STREET ADDRESS **EDGEWATER FL** City - St - ZIP 2 4 CITY - ST - ZIP TITLE □ DELETE 3.1 TITLE KALUTSKIY, YEUGUENIY 3 2 NAME 3.3 STREET ADDRESS 112 VIA BENEVENTO STREET ADDRESS NEW SMYRNA BCH FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE TITLE

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 durector 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. 14. I hereby

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

R 2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS 64 CITY-ST-ZIP

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

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