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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600040257

1. Corporation Name

ATSUN FINANCIAL SERVICES OF FLORIDA, INC.

Principal P ace	of Business	Mailing Address 94 HARBOR OAKS CIRCLE										
94 HARBOR OA												
SAFETY HARBOR FL 34695-2829		SAFETY HARBOR FL 346'35-2829					DO NOT WRITE IN THIS SPACE					
						3.	Date Incorporated or Qu	ualifed				
						Ĭ	05/09/1996					
2. Principal Pl	ace of Business	2a. Mailing Address				4.	4. FEI Number			Applied Fo	or	
21		26				69-3378869			Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.	Certificate of Status Des	sired		noitible A	al		
22		27							Required			
City & 5 tate	e	City & State			6.	Election Campaign Fina	-)0 Иау Ве			
23		28					Trust Fund Contribution			ed to Fees		
Zip	Country	Zip	Countr			8. This corporation owes the current year Intangi				□No		
24	25	29 30				Personal Property Tax. 10. Name and Address of New Registered			☐ Yes			
	9. Name and Address of Currer	n Registered Ayent		81	Name		Marite and Address of	New registere	u rigent		\neg	
SUN	ski, matthew J			<u> </u>								
	ARBOR OAKS CIRCLE			82	Street	Address (P	P.O. Box Number is Not	Acceptable)				
	TY HARBOR FL 34695-2829			83		-		 -			\dashv	
				84	City			F	85 Z	ip Code		
11 Purcuent	to the provisions of Sections 607.050	2 and 607 1508 Florida Stat	utes th	ne above	-named	Lorooration	submits this statement	for the purpose i	of changing	its registe	red	
office or re	egistered agent, or byth, in the State	of Florida. Such change was	author	rized by	the corp	oration's bo	oard of directors. I hereb	y accept the app	ointment as	registered	1	
agent. I a	m familiar with, and a cept the obliga	it ons of, Section 607.0505, F	-ionda i	Statutes							l	
SIGNATURE	Signature, typed or printed ni me of registered age	n and title if spolicable. (NC	7 F: Regis	stered Ager	t signature	req ired when re	einstating)	DATE			-	
12.		ID DIRECTORS	- 	13.			ADDITIONS/CHANGES	TO OFFICERS	AND DIREC	TORS IN	12	
TITLE	D	☐ DELETE		11 TITLE	•	T			Chan	ge 🗀 A	ddition	
NAME	Sunski, matthew J			1.2 NAME								
STREET ADDRI.SS	94 HARBOR OAKS CIRCLE			1.3 STREE	ADDRESS	:						
CITY-ST-ZIP	SAFETY HARBOR FL 34695-26	329		14 CITY-S								
TITLE		☐ DELETE	_	2.1 TITLE					Chang	ge 🗆 A	ddition	
NAME	i			2.2 NAME								
STREET ADDRESS	· I			2.3 STREET	ADDRESS	;						
CITY-ST-ZIP			1	2. 4 CITY-S	T-ZIP							
TITLE		☐ DELETE		3.1 TITLE		T			Chan	ge 🔲 A	ddition	
NAME				3.2 NAME								
STREET ADDRESS				3.3 STREE	ADDRESS	;						
CITY-ST-ZIP				3.4. CITY-5	T-ZIP							
TITLE		☐ DELETE		4.1 TITLE		T			☐ Chan	ge 🗆 A	ddition	
NAME				4. 2 NAME								
STREET ADDRI SS				4.3 STREE	ADDRESS							
CITY-ST-ZIP				4.4 CITY-S								
TITLE		☐ DELETE		5.1 TITLE		T			Chan	ge 🗆 A	Addition	
NAME				5.2 NAME								
STREET ADDRESS				5.3 STREE	TADDRESS	3						
CITY-ST-ZIP			1	5.4 CITY-S	T-ZIP							
TITLE		☐ DELETE		6.1 TITLE					☐ Chan	ge 🔲 A	Addition	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(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 of sustee 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

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

IG OFFICER OR DIRECTOR