

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

**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90039 037 \*\*\*150.00

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|  |   |  |
|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # P98000084320**

1. Corporation Name  
**SUNDOULOS, CORPORATION**

|   |   |
|---|---|
| Principal Place of Business<br>4400 W. SAMPLE RD., STE. 136-330<br>COCONUT CREEK FL 33073 | Mailing Address<br>4400 W. SAMPLE RD., STE. 136-330<br>COCONUT CREEK FL 33073 |
|---|---|



DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 <b>6574 N. St. Rd. 7</b> | 2a. Mailing Address<br>26 <b>6574 N. St. Rd. 7</b> |
| Suite, Apt. #, etc.<br>22 <b>314</b>                          | Suite, Apt. #, etc.<br>27 <b>314</b>               |
| City & State<br>23 <b>Coconut Creek, FL</b>                   | City & State<br>28 <b>Coconut Creek FL</b>         |
| Zip<br>24 <b>33073</b>  | Zip<br>29 <b>33073</b>                             |
| Country<br>25 <b>U.S.</b>                                     | Country<br>30 <b>U.S.</b>                          |

|   |   |
|---|---|
| 3. Date Incorporated or Qualified<br><b>09/30/1998</b>                          | Applied For<br><input type="checkbox"/> Not Applicable              |
| 4. FEI Number<br><b>65-0867398</b>  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>                       | <b>\$8.75</b> Additional Fee Required                               |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees                                  |
| 8. This corporation owes the current year Intangible Personal Property Tax.     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent

**STOVER, TERRY**  
**9080 LIME BAY BLVD., #301**  
**TAMARAC FL 33321**

10. Name and Address of New Registered Agent

|   |           |
|---|-----------|
| 81 Name   |           |
| 82 Street Address (P.O. Box Number is Not Acceptable) |           |
| 83  |           |
| 84 City   | <b>FL</b> |
| 85 Zip Code   |           |

11. Pursuant to the provisions of Sections 607.05(2) 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

|                |   |
|----------------|---|
| TITLE          | <b>DP</b> <input type="checkbox"/> DELETE |
| NAME           | <b>STOVER, TERRY</b>                      |
| STREET ADDRESS | <b>9080 LIME BAY BLVD., #301</b>          |
| CITY-ST-ZIP    | <b>TAMARAC FL 33321</b>                   |
| TITLE          | <b>DV</b> <input type="checkbox"/> DELETE |
| NAME           | <b>BOZETSKI, KEVIN</b>                    |
| STREET ADDRESS | <b>12610 SW 5TH ST.</b>                   |
| CITY-ST-ZIP    | <b>FT. LAUDERDALE, FL 33325</b>           |
| TITLE          | <input type="checkbox"/> DELETE           |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> DELETE           |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> DELETE           |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |  |
|-------------------|--|
| 11 TITLE          | <b>D. Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME           | <b>Stover, Joyceelyn</b>   |
| 13 STREET ADDRESS | <b>9080 Lime Bay Blvd. # 301</b>   |
| 14 CITY-ST-ZIP    | <b>Tamarac, FL 33321</b>   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| 22 NAME           |  |
| 23 STREET ADDRESS |  |
| 24 CITY-ST-ZIP    |  |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| 32 NAME           |  |
| 33 STREET ADDRESS |  |
| 34 CITY-ST-ZIP    |  |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| 42 NAME           |  |
| 43 STREET ADDRESS |  |
| 44 CITY-ST-ZIP    |  |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| 52 NAME           |  |
| 53 STREET ADDRESS |  |
| 54 CITY-ST-ZIP    |  |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| 62 NAME           |  |
| 63 STREET ADDRESS |  |
| 64 CITY-ST-ZIP    |  |

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joyceelyn Stover Terry Stover Date: 4/24/99 (954) 724-8179 Daytime Phone #

CR2E034 (1/98)