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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90093 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **V43275**

1. Corporation Name
SUN STATES MOULDING AND FRAME, INC.



Principal Place of Business: 1335 BENNETT DR #139 LONGWOOD FL
 Mailing Address: 1335 BENNETT DR #139 LONGWOOD FL

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip 25 Country

29 Zip 30 Country

3. Date Incorporated or Qualified

06/11/1992

4. FEI Number

59-3157761

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

GUNDERSON, JOHN
 1409 PONCE DE LEON
 WINTER SPRINGS FL 32708

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PTD
 NAME: GUNDERSON, JOHN
 STREET ADDRESS: 1409 PONCE DE LEON
 CITY-ST-ZIP: WINTER SPRINGS FL

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE: VSD
 NAME: GUNDERSON, MARGARET
 STREET ADDRESS: 1409 PONCE DE LEON
 CITY-ST-ZIP: WINTER SPRINGS FL

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE: [] DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE: [] DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE: [] DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE: [] DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 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 12 or Block 13 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 407 831 1191
 Date Daytime Phone #

CR2E034 (11/98)