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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	V45579
1 Corneration Name	1 10070

CHARLAI DECIGN & CONCEDITION INC

FILED Mar 11, 1999 8:00 am Secretary of State

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SUNDIAL	DESIGN & CONSTRUCT	IUN, INC.										
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Principal Place		· ·										
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							e Incorporated /19/1992	or Qualifed	t			
2 Principal P	lace of Business	2a, Mailing Address					Number				App	lied For
21	RECO OF BUSINESS	26				1	0348962				+	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				1				\$8.	75 A	dditional
22		27				5. Cen	tifcate of Statu	s Desirea		F	ee Rec	quired
City & State		City & State				6. Elec	ction Campaig	n Financing	' <sub>□</sub>	\$5	۱ 00.	May Be
23		28				Trus	st Fund Contri	bution		Ac	lded to	Fees
Zip	Country	Zip	Cour	ntry		8. This	s corporation o	wes the cu	rrent year !	ntangible		
24	25	29	30				sonal Property			☐ Ye:	: [	□ No
,	9. Name and Address of Curr	ent Registered Agent				10. Nar	ne and Addre	ss of New	Registere	d Agent		
	10 141450 14			81	Name			-				
	IS, JAMES M.		ŀ	82	Street Addre	ess (P.O. I	Box Number is	Not Accep	table)			
i	NATHAN HALE ROAD					•			·			
W. P	ALM BEACH FL 33405			83								
			}	84	City		<del></del>			85	Zip C	ode
				T 1	,				F	LII	-	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	ites, the ab	ove-	-named corpo	oration sub	omits this state	ment for th	e purpose	of changi	ng its r	registered
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Starn familiar with, and accept the obligations are strengthered to crimbel name of projected	gations of, Section 607,0505, Fi	onua statu	iles.				ment for th nereby acco	e purpose ept the app	of changi ointment	ng its r as reg	registered iistered
agent. I a	m familiar with, and accept the obtained signature, typed or printed name of registered a	gations of, Section 607,0005, Fe	E: Registered	iles.	-named corporation he corporation signature required	d when reinstat	ting)		DATE			
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

, Pres.

3/8/99 (561) 547-0749 Date Dayline Phone #