

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

03-11-1999 90109 012 \*\*\*150.00

DOCUMENT # S75552

1. Corporation Name

FLORIDA SUNROOMS, INC.

Principal Place of Business  
303 SE 6TH AVE  
POMPANO BEACH FL 33060

Mailing Address  
303 SE 6TH AVE  
POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1991

4. FEI Number

65-0278185

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSHKE, PHILIP  
303 SE 6TH AVE  
POMPANO BEACH FL 33060

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 DP  
NAME ROSHKE, PHILIP  
STREET ADDRESS 303 SE 6TH AVE  
CITY-ST-ZIP POMPANO BCH FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE PRES  
1.2 NAME DAVID STAMBUL  
1.3 STREET ADDRESS 303 SE 6TH AVE  
1.4 CITY-ST-ZIP POMP FL. 33060

☐ Change ☒ Addition

2.1 TITLE V.P.  
2.2 NAME EDUARDO CORDOBA  
2.3 STREET ADDRESS 3670 COCO PLUM CIRCLE  
2.4 CITY-ST-ZIP POMP COCONUT CREEK FL. 33063

☐ Change ☒ Addition

3.1 TITLE V.P.  
3.2 NAME RAMON DARIO NUNEZ  
3.3 STREET ADDRESS 301 NO. 8TH ST. APT. 13  
3.4 CITY-ST-ZIP LAKE WORTH FL. 33460

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

2-1-99 (954) 783-1886

CR2E034 (11/98)