

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

DOCUMENT # 455331

1. Corporation Name  
SUNSET LITHO CO.

Principal Place of Business

~~985 NW 53RD STREET  
FT. LAUDERDALE FL 33309~~

2101 NW 33rd St. Ste 2800A  
Pompano Beach, FL 33069

Mailing Address

~~985 NW 53RD STREET  
FT. LAUDERDALE FL 33309~~

2101 NW 33rd St. Ste 2800A  
Pompano Beach, FL 33069

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90206 004 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/25/1974

4. FEI Number  
59-1300775

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

2. Principal Place of Business

21 2101 NW 33rd St  
22 2800A

2a. Mailing Address

26 2101 NW 33rd St  
27 2800 A

City & State

23 Pompano Beach, FL

City & State

28 Pompano Beach, FL

Zip

24 33069

Country

25 Broward

Zip

29 33069

Country

30 Broward

9. Name and Address of Current Registered Agent

MARCHIONE, FRANK  
985 NW 53RD STREET 2101 NW 33rd St. Ste 2800A  
FT. LAUDERDALE FL 33309 Pompano Beach, FL 33069

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

TITLE PD  
NAME MARCHIONE, FRANK  
STREET ADDRESS 6938 S. GRANDE DRIVE  
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE S  
NAME MARCHIONE, MARY  
STREET ADDRESS 6938 S. GRANDE DRIVE  
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE VP  
NAME MARCHIONE, MICHAEL  
STREET ADDRESS 610 NW 37 ST  
CITY-ST-ZIP POMPANO BEACH FL

☐ DELETE

TITLE D  
NAME MARCHIONE, MARY  
STREET ADDRESS 6938 S. GRANDE DRIVE  
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE VP  
NAME MARCHIONE, TODD  
STREET ADDRESS 8135 CEDAR HOLLOW LN.  
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

Frank P. Marchione President

Date

Daytime Phone #

2-17-99 954-977-9986

CR2E034 (11/98)