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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 542157 (3)

SUNTREND PRODUCTS, INCORPORATED

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

FILED

Mar 11 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address

Country

1901 WHITFIELD PARK LOOP SARASOTA FL 34243

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

Zip

ř

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

1901 WHITFIELD PARK LOOP SARASOTA FL 34243

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1977

59-1758826

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

Zip		Country	Zip	Co	untry		8. This corporation of	wes or has pald the	current year Int	angible
24	25 29		30	30		Personal Property	Tax due June 30.	X Yes] No	
9, Name and Address of Current Registered Agent							10. Name and Addre	as of New Register	od Agent	
JO	Y, DANIEL				81	Name				İ
900 PIRST FL. BANK PLZ.						Street Ar	idress (P.O. Box Number is	Not Acceptable)		 -(
1800 SECOND ST.								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1
SARASOTA FL 33577										
					04	City			lee Zin (Code
				<i>i</i> •	0	. City		F	E 85 Zip (Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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.						nt signature re		SES TO OFFICERS A	·	S IN 12
TITLE	PD		DELE		1.1 TITLE		ADDITIONO/OFFACE	ALO TO OTT TOLETO	Change	Addition
NAME	EARP, C. ROBERT		-	1.2 N		İ				
STREET ADDRESS	COAL THURSDAY DEDUCTION					ADDRESS				[8
CITY-ST-ZIP	SARASC			1.4 0		1				
TITLE	VD		DELE		2.1 TITLE				Change	Addition
NAME	SIMON MEL		-	2.2 NA		- 1			_ •	
STREET ADDRESS	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	HITFIELD PARK LOOP		2.3 5	TREET	ADDRESS		2.1		1
CITY-ST-ZIP	SARASC			2.4 City-ST-ZIP		T-ZIP				
TITLE	SD		☐ DELE						Change	Addition
NAME	EARP, PAMELA A			3.21	3.2 NAME					
STREET ADDRESS	1901 WHITFIELD PARK LOOP			3.3 5	TREET	ADDRESS				1
CITY-ST-ZIP	SARASO	TA FL		3.4.	CITY-S1	r- ZIP				
TITLE	TD	TD DELET			ITLE				Change	Addition
NAME	SIMON 1	SIMON TINA		4.2	NAME	ſ				1
STREET ADDRESS	1901 W	HITFIELD PARK LOOP		4.3 9	TREET	ADDRESS				
CITY-ST-ZIP	SARSAC	TA FL		4.4 0	ITY-ST	- ZiP				ĺ
TITLE			DELE1	E 5.1 T	TLE				Change	Addition
NAME				5.2	AME	ł				1
STREET ADDRESS				5.3 9	TREET A	ADDRESS				
CITY-ST-ZIP				5.40	ITY-ST	- ZIP]
TITLE			☐ DELET	E 6.11	TLE				Change	Addition
NAME				6.2 M	IAME)				J
STREET ADDRESS				6.3 \$	TREET A	DDRESS				
CITY-ST-ZIP					ITY-ST					
14. I hereby of indicated	ertify that the	information supplied with	this filing does not quannual report is true an	alify for the ex	empti	on stated	in Section 119.07(3)(i), Floridation ture shall have the same led	da Statutes. I further	certify that the	information

Country

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.

TINA SIMON

3-6-98

941 756-4541