


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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90101 029 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 544904

1. Corporation Name
SUN MANOR CORPORATION

Principal Place of Business
3912 NW 2ND COURT
DEERFIELD BEACH FL 33442
US

Mailing Address
3912 NW 2ND COURT
DEERFIELD BEACH FL 33442
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/09/1977

4. FEI Number
59-1761168

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 15884 NORTH Rd.
Suite, Apt. #, etc.

2a. Mailing Address
26 15884 NORTH Rd.
Suite, Apt. #, etc.

22 City & State
Loxahatchee FL

27 City & State
Loxahatchee FL

23 Zip Country
33470 US

28 Zip Country
33470 US

24 33470 25 US

29 33470 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLSEN, JOSEE
3912 NW 2ND COURT
DEERFIELD BEACH FL 33442

81 Name
JOSEE OLSEN
82 Street Address (P.O. Box Number is Not Acceptable)
15884 NORTH Rd.

83
84 City
Loxahatchee FL 85 Zip Code
33470

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 <input type="checkbox"/> DELETE
NAME	LANDRY, ROGER
STREET ADDRESS	3912 NW 2ND COURT
CITY-ST-ZIP	DEERFIELD BEACH FL 33442
TITLE	STD <input type="checkbox"/> DELETE
NAME	LANDRY, YVETTE
STREET ADDRESS	3912 NW 2ND COURT
CITY-ST-ZIP	DEERFIELD BEACH FL 33442
TITLE	VP <input type="checkbox"/> DELETE
NAME	OLSEN, JOSEE
STREET ADDRESS	3912 NW 2ND COURT
CITY-ST-ZIP	DEERFIELD FL 33442
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: JOSEE OLSEN V.P. JOSEE OLSEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99

Date

561-333-2886

Daytime Phone #

CR2E034 (11/98)