

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mathum

Secretary of State

4-1-96 DIVISION 32895

DOCUMENT # 552547

(2)

1. Corporation Name

SUNPRO SALES, INC.

Principal Place of Business

3650 HACIENDA BLVD
SUITE D
DAVIE FL 33314

Mailing Address

3650 HACIENDA BLVD
SUITE D
DAVIE FL 33314

2. Principal Place of Business

21 3650 Hacienda Blvd.

22 Suite F

23 Davie FL

24 33314

25 Broward

2a. Mailing Address

26 3650 Hacienda Blvd.

27 Suite F

28 Davie FL

29 33314

30 Broward

9. Name and Address of Current Registered Agent

GOLDENBERG, STEPHEN F ESO
ONE FINANCIAL PLAZA
SUITE 2626
FT LAUDERDALE FL 33394

3. Date Incorporated or Qualified

11/10/1977

3a. Date of Last Report

04/10/1995

4. FEI Number

59-1774592

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

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 Section 607.04(2) and 607.15(8), 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 approved 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 607.04(2), Florida Statutes.

SIGNATURE

Signature of the person who is authorized to execute this statement

Signature of the person who is authorized to execute this statement

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD
NAME ROBINSON, JOHN C.
STREET ADDRESS 5212 NW 67TH AVE
CITY-STATE-ZIP FT. LAUDERDALE FL

☐ DELETE

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CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY-STATE-ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY-STATE-ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY-STATE-ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY-STATE-ZIP

39 TITLE

40 NAME

41 STREET ADDRESS

42 CITY-STATE-ZIP

43 TITLE

44 NAME

45 STREET ADDRESS

46 CITY-STATE-ZIP

SIGNATURE:

JOHN C. ROBINSON

JOHN C. ROBINSON

3/25/96 (954) 584-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)