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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 612026

1. Corporation Name

SUN-TEK INDUSTRIES, INC.

Principal Place of Busine
10303 GENERAL DR.
ORLANDO FL 32824-8531

Mailing Address

10303 GENERAL DR.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90135 035 ***150.00



URLANDO FL 32824-8531		OHL	UNLANDO FL 32024-0331				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed 03/07/1979				
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number			Applied For	
21		26					59-1903891		Ĺ_	Not Applicab	
	#, etc.	27	Suite, Apt. #, etc.				5. Certifcate of Status Desired			5 Additional e Required	
	B	<u> </u>	City & State				6. Election Campaign Financing		\$5.	00 May Be	
23		28					Trust Fund Contribution		Add	led to Fees	
Zip	Country		Zip	Country	y		8. This corporation owes the curre	ent year Inta			
24	25	29	3	0			Personal Property Tax.	1	☐ Yes	□No	
	9. Name and Address of Current	t Regist	ered Agent				10. Name and Address of New R	egistered A	gent		
CINC	NO OLEN D			וא	81 Name						
2. Principal Place of Business 2a. Mailing Address 21				82 Street Addr			ss (P.O. Box Number is Not Accepta	ble)			
					1						
URL	ANDU FL 32024			83	3		•				
				84	1	City	1	FL	85	Zip Code	
office or re	enistered agent, or both, in the State o	of Florida	a. Such change was aut	honzed by	v ti	-named corpor he corporation	ration submits this statement for the o's board of directors. I hereby accep	purpose of o t the appoin	hangin tment a	g its registered s registered	
SIGNATURE						signature required	when reinstating)	DATE			
				13.	_	<u> </u>	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRE	CTORS IN 12	
			☐ DELETE	1.1 TITLE					Cha	nge 🗌 Addit	
				1.2 NAME		'	•				
				1.3 STREE	ET A	ADDRESS					
				1.4 CITY-	ST-	- ZIP					
			☐ DELETE	2.1 TITLE				-	Cha	nge 🔲 Addit	
NAME	KRUCZEK, CARRIE			2.2 NAME							
STREET ADDRESS	10303 GENERAL DRIVE			2.3 STREE	ET A	ADDRESS					
CITY-ST-ZIP	ORLANDO FL			2. 4 CITY-	ST	r-ZiP					
+			☐ DELETE	3.1 TITLE					Cha	nge 🔲 Addit	
NAME				3.2 NAME							
STREET ADDRESS				3.3 STREE	ET A	ADDRESS					
CITY-ST-ZIP				3.4. CITY-	ST	-ZIP					
TITLE			☐ DELETE	4.1 TITLE					Cha	nge 🗌 Addit	
NAME				4. 2 NAME	Ξ						
STREET ADDRESS				4.3 STREE	ET A	ADDRESS					
CITY-ST-ZIP				4.4 CITY-	ŞT-	-ZIP					
TITLE			☐ DELETE	5.1 TITLE					☐ Cha	nge 🗀 Addi	
NAME				5.2 NAME							
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CITY-ST-ZIP				54 CITY-	-	-ZIP				🗆 🗆	
TITLE			☐ DELETE	6.1 TITLE					☐ Cha	nge	
NAME				6.2 NAME							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				- 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:

ED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #