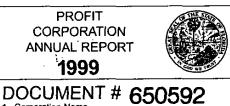
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90075 023 ***150.00

SUN BU	SINESS SYSTEMS, INC.							
Principal Plac	e of Business	Mailing Address				ן גערון פווער עוזופ זערעע גווגע נפגוע פוועען ו	ע ויעות נועום וועום וזמון	11411 11811 1891
10900 47TH ST. N. 10900 47TH ST. N.								
CLEARWATER FL 33762 CLEARWATER FL 33762								
US US						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		[
						01/08/1980		-lind For
2. Principal P	lace of Business	<u> </u>	¬			4. FEI Number E0-1072222	· -	pplied For
21		26	<u> </u>			59-1973322	\$8.75	ot Applicable
Suite, Apt.	#, etc.	├ ── ` ` `	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Re	
22	a transfer and the second seco	City & State	City & State			6. Election Campaign Financing	\$5.00	-` (
City & Stat	e	28	¬ '			Trust Fund Contribution	Added t	
Zip	Country		Zip Country			8. This corporation owes the current ye		
			30			Personal Property Tax.	Yes	□No
24	9. Name and Address of Curren	<u> </u>	7	·		10. Name and Address of New Registr	ered Agent	
	3. Italia dia rasiosa a. carran		81	Nan	1e			
SIMMONS, GEORGE				<u> </u>				
1090	0 47TH ST. N.		82 Street Addre			ess (P.O. Box Number is Not Acceptable)		ì
CLE	ARWATER FL 34622	•	83	3			4 ,	· ·
			84	City			FI 85 Zip (Code 5762
SIGNATURE	2 / 5 X -					oration submits this statement for the purpoin's board of directors. I hereby accept the analysis when reinstating)	7 ?	
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER		
TITLE	PD	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	SIMMONS, GEORGE E J R.		1.2 NAME		-			Ì
STREET ADDRESS	1091 79TH ST., S.		1.3 STREE	TADORE	ss			[
CITY-ST-ZIP_	ST. PETERSBURG FL		1.4 CITY-ST-ZIP					
TITLE	- .		2.1 TITLE				Change	☐ Addition
NAME			2.2 NAME					ĺ
STREET ADDRESS			2.3 STREE	TADDRE	ss			}
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		—		- : - ;	C Astaliana
TITLE			3.1 TITLE			•	Change	Addition
NAME			3.2 NAME					}
STREET ADDRESS			3.3 STREE	ET ADDRE	\$S			Ţ
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				CT Addition
TITLE	· •		4.1 TITLE				Change	Addition
NAME	-		4. 2 NAME		1			1
STREET ADDRESS			4.3 STREE	TADDRE	ss			•
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			[]Channa	Addition
TITLE	•			5.1 TITLE 5.2 NAME			☐ Change	☐ Addition
NAME			5.2 NAME 5.3 STREE					,
STREET ADDRESS			1		20	· •		
CITY-ST-ZIP		☐ DELETE	5.4 CITY-1 8.1 TITLE	51-ZP	+			☐ Addition
TITLE		☐ UELETE	6.2 NAME				CT creatings	
NAME			6.3 STREE					ļ
STREET ADDRESS			6.3 STREE		~ ·			

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: