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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 672693

(9)

SUNBONNET DESIGNS, INC. Principal Place of Business Mailing Address 2314 EDGEWATER 2314 EDGEWATER										
						3. Date Incorporated or Qualified 06/06/1980		of Last R	•	
2. Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number		\rightarrow	Applied For	
21		26				59-2033850			Not Applicabl	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	-			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State				6. Election Campaign Financing		\$5.00 May Be		
23		28				Trust Fund Contribution			d to Fees	
Zip	Country	Zip		untry		8. This corporation has liability for		x under s	199.032,	
24	25 Name and Address of Current	29	30	T		Florida Statutes Yes 10. Name and Address of New R	□ No	Agent		
	9. Name and Address of Curren	t Hegistered Agent		81 N	ame	10. Name and Address of New F	egistered	Agent		
MANAG	FEV MARY M									
	FEY, MARY M. DGEWATER DR.			82 S	treet Addre	ss (P.O. Box Number is Not Acceptab	ele)			
	DO FL 32804			83						
V. 142 2 11				84 C	ity			85 Zı	p Code	
				04	aty		FL	. 63 21	p 0006	
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND	D DIRECTORS	13.		nature required	when reinslating) ADDITIONS/CHANGES TO OFF				
TITLE	PD	DELETE	111	ITLE	1			Change	Addition	
NAME	MAHAFFEY, MARY M.		12 N							
STREET ADDRESS	801 SEVILLE PLACE ORLANDO FL 32804			TREET ADD						
CITY-ST-ZIP TITLE	UKLANDU FL 32804-	DELETE	14 C 2 1 I	11Y - \$1 - ZI	Р			Change	☐ Addition	
NAME		C) been	22 N							
STREET ADDRESS				TREET ADO	RESS					
CITY-SI-7IP				ITY-\$1-21						
TITLE		☐ DELETE	3 1 7	ITLE			, [Change	Addition	
NAME			3 2 N	AME						
STREET ADDRESS			33 5	STREET ADO	DRESS					
CITY - St - 71P		E3 priest		ITY-\$T-ZI	P			T Change	- Addition	
THILE		DELETE	4.17				L	Change	☐ Addition	
NAME CTUCKT ADDRESS			4.2 N	ame Treet ado	10000					
STREET ADDRESS				ITY - ST - ZI						
CITY-ST-ZIP TITLE		DELETE	5 11		-		[Change	Addition	
NAME			5 2 N				•			
STREET ADDRESS				TREET ADD	DRESS					
CITY - ST - ZIP			5.4 C	ITY - ST - ZI	P					
TITLE	······································	☐ DELETE	6 1 3	HTLE			[Cnange	☐ Addition	
NAME			62 N	IAME						
STREET ADORESS			6.3 \$	TREET ADD	DRESS					
CITY - ST - ZIP				ITY-ST-7			03/0.11			
certify that	y certify that the information supplied vertify that the information indicated on this annual	ual report or supplemental and	nual report	is true a	and accurate	e and that my signature shall have the	same legal	effect as i	it made under	
oath: that l	l am an officer or director of the corpo Block 12 or Block 13 if changed of c	ration or the receiver or truste	ewoame ee	ered to e	execute this	report as required by Chapter 607, Fl	orida Statut	es; and th	at my name	

SIGNATURE:

MANAGES OR PRINTED NAME OF PLOYING PRINCER OR DIRECTOR

2-14-96 (407) 422-7731 Date: (407) 422-7731