FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State
04-29-1999 90182 039 ****61.25

0077027

DOCUMENT # 755458

1. Corporation Name
SUN DOME,INC.

44/4/6 - 90182 - 39

Principal Place of Business	Mailing Address
4202 FOWLER AVE.. ADM 250 C/O NOREEN SEGREST TAMPA FL 33620 US	4202 FOWLER AVE.. ADM 250 C/O NOREEN SEGREST TAMPA FL 33620 US

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed
12/09/1980

4. FEI Number
59-2051855
☐ 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

9. Name and Address of Current Registered Agent

SEGREST, NOREEN
4202 FOWLER AVENUE
ADM. 250
TAMPA FL 33620

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 Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LAPAN, MICHAEL		1.2 NAME		
STREET ADDRESS	4202 E FOWLER AVE., SUN 141		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33620		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GRIFFIN, PAUL		2.2 NAME		
STREET ADDRESS	4202 E FOWLER, PED 214		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33620		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SEGREST, NOREEN		3.2 NAME		
STREET ADDRESS	4202 FOWLER AVE., ADM 250		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33620		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FENDER, RICHARD C		4.2 NAME		
STREET ADDRESS	4202 E FOWLER, ADM 200		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33620		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET 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 617, 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: SIGNATURE REQUIRED — 3/2/99 — 8139743111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)