1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 844390 1. Corporation Name

SUNSET LANES, INCORPORATED

Principal Place of Business		Mailing	Mailing Address					i indial lant and a crass that a				
609 CRATER LANE			609 CRATER LANE									
TAMPA FL 33619 US		TAMPA US	TAMPA FL 33619					DO NOT WRITE IN THIS SPACE				
US		03					<u> </u>	3. Date Incorporated or Qualifed	1]
							Ì	10/19/1979				Ì
2. Principal Pl	lace of Business	2a. Ma	iling Address	<u>.</u>				4. FEI Number	-	Ap	plied For	
21		26	26					43-0761969			t Applicable	-
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.					5. Certifcate of Status Desired		\$8.75		
22		27								Fee Re	·	-
City'& State		— ·	City & State					6. Election Campaign Financing		\$5.00	•	
23	Country	28 7in		Cou	entry			Trust Fund Contribution	mont wood lot	Added t	o rees	┨
Zip	Country	Zip		30	пшу		ł	This corporation owes the cur Personal Property Tax.	rent year int	angible □Yes	□No	
24	9. Name and Address of Currer	29 29 20 20 20 20 20 20 20 20 20 20 20 20 20		30				10. Name and Address of New	Registered			1
	5. Name and Address of Curren	it itagistere	a rigeni		81	Name						1
BOJI	e, jeffrey w.				82			(D.O. D.)	hala)			-
609 CRATER LANE						Street A	Address	s (P.O. Box Number is Not Accept	(able)			
TAM	PA FL 33619				83						****	1
								<u> </u>		ne Zin (-
					84	City			FL	85 Zip (Code	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. S	such change was au	thonzed	ı by t	tne corpor	corpora ration's	ation submits this statement for the s board of directors. I hereby acce	e purpose of ept the appoi	changing its ntment as re	registered gistered	
ū	m familiar with, and accept the obliga	ations of, Sec	ction 607.0505, Flor	da Stati	utes.							
SIGNATURE	Signature, typed or printed name of registered age	ent and title if appli	icable. (NOTE:	da Statt				nen reinstating)	DATE			ļ
SIGNATURE	Signature, typed or printed name of registered age	ent and title if appli	icable. (NOTE:	Registered	i Agent					ID DIRECTO		60
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN	ent and title if appli	icable. (NOTE:	Registered 13.	Agent			nen reinstating)			DRS IN 12	00,777
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN SD BOJE, GLORIA J 609 CRAIRE LARE TAMPA FL 33619	ent and title if appli	icable. (NOTE: DRS DELETE	Registered 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI	TLE AME TREET	t signature rec		nen reinstating)		ID DIRECTO	☐ Addition	100.77
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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 officer or director of the corporation or the Block 12 or Block 13 if changes, or on an

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90034 044 ***150.00