## FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1995 DIVISION OF CORPORATIONS 95 APR -7 AH 10: 57 DOCUMENT # **F25677** SUN BELT TECHNOLOGIES, CORP. Principal Place of Business Mailing Address 3677 N.W. 124TH AVENUE 3677 N.W. 124TH AVENUE CORAL SPRINGS FL 33065 **CORAL SPRINGS FL 33065** DO NOT WRITE IN THIS SPACE. 3. Date Incorporated or Qualified 3a. Date of Last Report 03/17/1981 03/25/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2075818 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Ζiρ Zip Country Country 8. This corporation has liability for intangible tex under S. 199.032, ☐ Yes □ No 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BONANNO, JOSEPH A Street Address (P.O. Box Number is Not Acceptable) 8472 NW 14TH ST CORAL SPRINGS FL 33071 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE Change Addition 1 1 TITLE BONANNO, LINDA LEAH NAME 1.2 NAME 8472 NW 14TH ST. STREET ADDRESS 1.3 STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP Change Addition TITLE 2.1 TITLE **BONANNO. JOSEPH ANTHONY** NAME 2.2 NAME 8472 NW 14TH ST. STREET ADDRESS 2.3 STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition TITLE 3.1 TITLE BONANNO, ROBERT D NAME 32 NAME 761 SIESTA KEY CIRCLE, #1717 STREET ADDRESS 3.3. STREET ADDRESS KEERFIELD BEACH FL CITY-ST-ZIP 3.4 City-51-7IP Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP Change Addition TITLE 5.1 THILE NAME 5.2 HAME **5.3 STREET ADDRESS** STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP \_\_ Change \_\_\_ Addition TITLE 6.1 TITLE HAME G 2 NAME

14. 1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 semi-legal effect as if made under eath; 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.

6.3 STREET ADDRESS 6.4 CITY-ST-7IP

SIGNATURE

STREET ADDRESS

CITY-ST-7IP