Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90052 009 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F43834

1. Corporation	n Name MANAGEMENT, INC.							
Sunrou	WANAGEMENT, INC.					2 1201103 3131 01900 13101 38123 13113 310 3 310 3	i Baba Baba Baba Ba	181) BIBN 1881
Principal Place of Business Mailing Address						T (1801) 189 IIST BIBEN TÜÜN KOKUN KINK BIBK DIGI.	· BIBIL BIBIL B(BIL BI	IMIT BENET TODA
C/O WILLIAM A. TOLLIVER C/O WILLIAM A. TOLLIVER								
12960 GULF BLVD. 12960 GULF BLVD.						DO NOT WRITE IN TH	IC COACE	
MADEIRA BCH FL 33708 MADEIRA BEACH FL 33708 US						3. Date Incorporated or Qualified	IS SPACE	
00						08/31/1981		
2. Principal P	lace of Business	2a. Mailing Address			_	4. FEI Number	Apr	plied For
21		26				59-2123934	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
22		27				5. Certificate of Status Desired	Fee Red	quired
City & State	ė	City & State				6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	y		This corporation owes the current year Personal Property Tax.		□No
24	25 9. Name and Address of Current	Registered Agent	<u> </u>			10. Name and Address of New Registere		
	g, Maille and Address of Collens	registered Agent	81	N:	ame	10. 10. 10. 10. 10. 10. 10. 10. 10. 10.		
TOLLIVER; L.S.				_				
11399 60TH TERR N.			82	St	reet Addre	ess (P.O. Box Number is Not Acceptable)		1
SEM	INOLE FL 34642		83	1				
			<u> </u>	1 0			. 85 Zip C	odo.
	•		84	Ci	ty	F	L 85 Zip C	Joue
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes.	, the abov	e-na	med corpo	pration submits this statement for the purpose	of changing its	registered
office or n agent. I a	egistered agent, or both, in the State on familiar with, and accept the obligation	on Florida, Such change was autrions of, Section 607.0505, Florid	a Statutes	rne S.	corporatio	n's board of directors. I hereby accept the app	Oliminent as reg	JiStered
SIGNATURE								
	Signature, typed or printed name of registered agent			nt sign	ature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DC IN 12
12.	PD OFFICERS AND	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	TOLLIVER, TIM S.		1.2 NAME			•		_
NAME	and the state of t		1.3 STREE		DECC			
STREET ADDRESS	MADEIDA DEACH EI		1.4 CITY-5		NC33			
CITY-ST-ZIP TITLE			2.1 TITLE	31-ZII	_		Change	Addition
NAME	TOLLIVER, L. S.				\ \ \ \ \ \			1
STREET ADDRESS	44000 COTH TED N		2.3 STREE		RESS			
CITY-ST-ZIP	OF MINOR F.			ST-ZIP		•		.,.
TITLE	VP ☐ DELETE 3:		3.1 TITLE				Change	☐ Addition
NAME	Toward and the second s		3.2 NAME		-			ì
STREET ADDRESS	12960 GULF BLVD 33		3.3 STREE	TADD	RESS			
CITY-ST-ZIP	MADEIRA BEACH FL 33708			ST-ZIP				
TITLE		DELETÉ	4.1 TITLE				Change	Addition (
NAME (4. 2 NAME		1			ļ
STREET ADDRESS			4.3 STREE	TADD	RESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP				C A salas
TITLE		☐ DELETE	5.1 TITLE		- 1		Change	☐ Addition
NAME			5.2 NAME		DEEC			
STREET ADDRESS	}		5.3 STREE		ì			}
CITY-ST-ZIP		☐ DELETE	5.4 CITY-S 6.1 TITLE	21. ZIP	 -		Change	Addition
TITLE			6.2 NAME		}			

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.

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

STREET ADDRESS