SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 25 AM 10: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000000468 (8)**

1. Corporation Name
SUNTRAN INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
2457A S. HIAWASSEE RD SUITE 332 ORLANDO FL 32835	2457A S. HIAWASSEE RD SUITE 332 ORLANDO FL 32835

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/31/1994** | 3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: **88-0308291** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FOOTE, LISA 6209 WESTGATE DR #1102 ORLANDO FL 32835 * new address only	81 Name: Lisa Foote 82 Street Address (P.O. Box Number is Not Acceptable): 347 Golf course Prkwy 83 [illegible] 84 City: Davenport FL 85 Zip Code: 33837

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	CPT	11 TITLE	CPT	☒ Change ☐ Addition
NAME	FOOTE, LISA C	12 NAME	Lisa Foote	
STREET ADDRESS	6209 WESTGATE DR #1102	13 STREET ADDRESS	347 Golf course Prkwy	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Davenport, FL 33837	
TITLE	D	21 TITLE	V	☒ Change ☐ Addition
NAME	SORTINO, RODGER	22 NAME	Christman, Brian P.	
STREET ADDRESS	11510 NE 114TH CT	23 STREET ADDRESS	347 Golf course Prkwy	
CITY-ST-ZIP	KIRKLAND WA	24 CITY-ST-ZIP	Davenport, FL 33837	
TITLE	S	31 TITLE	M	☒ Change ☐ Addition
NAME	DEATON, LORIE	32 NAME	Foote, Leland W.	
STREET ADDRESS	1319 11TH ST #9	33 STREET ADDRESS	14417 156th NE	
CITY-ST-ZIP	SANTA BARBARA CA	34 CITY-ST-ZIP	Woodinville, WA 98072	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Lisa C Foote Lisa C. Foote 7-16-95 (904)(941) 424-3515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014241 CP