PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F95000002494

FILED Feb 08, 1999 8:00am **Secretary of State**

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| SUN FL | ORIDA QRS, INC. | | | | | | | |
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| Principal Place of Business Mailing Address | | | | | | | | |
| 31700 MIDDLEBELT ROAD, STE. 145 31700 MIDDLEBELT ROAD, S | | | | | · | | | |
| FARMINGTON HILLS MI 48334 FARMINGTON HILLS MI 4833 | | | 134 | | DO NOT | WOITE IN THIS | 20405 | |
| | | | | | | WRITE IN THIS | SPACE | |
| | | | | | 3. Date Incorporated or Qua | lifed | | |
| | | | | | 05/22/1995 | | | |
| 2. Principal F | Place of Business | 2a. Mailing Address | | | 4. FEI Number ' | | i Ar | oplied For |
| 21 | | 26 | | | 38-3143986 | | No | ot Applicable |
| Suite, Apt | . #, etc. | Suite, Apt. #, etc. | | | E Contiform of Status Books | - | \$8.75 | Additional |
| 22 | | 27 | | | 5. Certifcate of Status Desire | ed 🗆 | Fee Re | equired |
| City & Sta | ate · | City & State | , | | 6. Election Campaign Finan | cina — | \$5.00 | May Be |
| 23 | | 28 | | | Trust Fund Contribution | a 🗀 . | | to Fees |
| Zip | - Country | Zip | Count | TV | 8. This corporation owes the | auront voor Into | | 10 1 000 |
| | 25 | | 30 | ., | Personal Property Tax. | | ∏Yes | □No |
| 24 | 9. Name and Address of Curre | | 30] | | 10. Name and Address of N | | | |
| | 3. Name and Address of Curre | ent Registered Agent | 9 | 11 Name | 10. Name and Address of N | ew Registered A | gent | |
| CT | CORPORATION SYSTEM | • • • | | Name | | | | |
| | O SOUTH PINE ISLAND ROAD | | 8 | 2 Street Addr | ress (P.O. Box Number is Not Ac | ceptable) | | |
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| PLA | NTATION FL 33324 | | 8 | 3 | 14. 影響發展 | | | |
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| | | | 8 | 4 City | | FL | 85 Zip* | Code |
| 11 Purculant | to the provisions of Sections 607.05 | 502 and 607 1508. Florida Statuto | e the abo | vo named com | poration submits this statement to | the purpose of a | hanging ite | ragistared |
| The distant | registered exact or both in the State | oz and our rood, rionda otatute | s, life abu | we-named corp | oradon submits this statement to | nie puipose oi c | manyiny ita | riotoro d |
| omce or | registered agent, or both, in the State | e of Fiorida. Such change was au | ithorized b | ly the corporation | on's doard of directors. I hereby a | rccebr rue abbom | illelli as le | gistered |
| agent. I a | registered agent, or both, in the State am familiar with, and accept the oblig | e of Florida. Such change was au pations of, Section 607.0505, Flori | ithorized b ida Statute | y the corporations. | on's board of directors, I hereby a | rccebr me abbom | mem as re | gistered |
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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 Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE