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**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name F95000002928 (8)

SUSSUMA ENTERPRISES, INC.

**FILED** Jul 07 1998 8:00am Secretary of State

| Principal Plac   | e of Business                                 | Mailing Address                                    | Mailing Address  |           |                  | T SECTION 1450 INDIA DELITI OBJIT CONTROL CONTROL CONTROL   | ILM DEMAN IMAS IMAS |
|--|---|--|--|-----------|------------------|---|---------------------|
| 330 S. PINEAPPLE AVE #111 330 S. PINEAPPLE AVE SARASOTA FL 34236 SARASOTA FL 34236 |   |  | LE AVE., #111  |           |                  |   |                     |
|  |   |  | 34236  |           |                  | DO NOT WRITE IN THIS SPACE  |                     |
|  |   |  |  |           |                  | 3. Date Incorporated or Qualified   | <del></del>         |
|  |   |  |  |           |                  | · · · · · · · · · · · · · · · · · · ·   | i                   |
| 2. Principal P   | Place of Business                             | 2a. Mailing Addr                                   | ess  |           |                  | 06/16/1995<br>4. FEI Number   | Applied For         |
| 21   |   | <u>⊢</u> ¬   | 26   |           |                  | 59-1930909  | Not Applicable      |
| Suite, Apt.  | #. etc.                                       |  | Suite, Apt. #, etc.  |           |                  | - \$8.°   | 75 Additional       |
| 22   |   | 27   | 27   |           |                  | 1 5 Certificate of Status Desired 1 1 TTT   | e Required          |
| City & State   |   | City & State                                       |  |           |                  | 6. Election Campaign Financing \$5  | .00 May Be          |
| 23   |   | 28   | 28   |           |                  |   | ded to Fees         |
| Zip Country  |   | Zφ   | Zip Country  |           |                  | 8. This corporation owes or has paid the current year Intangible  |                     |
| 24   | 25  | 29   | 30   |           |                  | Personal Property Tax due June 30.  | □ No                |
|  | 9, Name and Address of Cu                     | rrent Registered Agent                             |  |           |                  | 10. Name and Address of New Registered Agent  |                     |
| HA   | UNKIN, LAWRENCE M ESQ                         |  |  | 81        | Name             |   |                     |
| 2033 MAIN ST., #400<br>Sara <b>s</b> ota Fl 34237                                  |   |  |  | 82        | Street Add       | 1 Address (P.O. Box Number is Not Acceptable)   |                     |
|  |   |  |  |           |                  |   |                     |
|  |   |  |  | 83        |                  |   |                     |
| 1  |   |  |  | 84        | City             | 85  | Zip Code            |
|  |   |  |  |           |                  | FL *  | ·                   |
| 11. Pursuant   | to the provisions of Sections 607.            | 0502 and 607.1508, Floridate of Florida, Such ober | da Statutes, the a   | above-    | named corp       | poration submits this statement for the purpose of chang tion's board of directors. I hereby accept the appointment | ing its registered  |
| agent. I a   | am familiar with, and accept the ol           | bligations of, Section 607.                        | 0505, Florida Sta  | itutes.   | ine corpora      | monts board or directors. Thereby accept the appointment  | n as registeres     |
| SIGNATURE  | _   |  |  |           |                  |   |                     |
| ) <del></del>  | Signature, typod or printed name of registrio |  |  |           | t signature requ | ired when reinstating) DATE.  | 7000 111 10         |
| 12.  | , . <del></del>                               | AND DIRECTORS                                      | 13.  |           |                  | ADDITIONS/CHANGES TO OFFICERS AND DIREC   |                     |
|  | D DELETE                                      |  |  | 1.1 TITLE |                  | ·   | rige Addition       |
| NAME   | PETERS, NORBERT                               | ACHIEV DD  | 1.2 NAME   |           |                  |   |                     |
| STREET ADDRESS   | 7/C 7/FI BO YIP BLDG., 6                      | ASPLET NU.   | The state of the s |           | 1                |   | Ì                   |
| CITY-ST-ZIP<br>TITLE   | IST HONG KONG                                 |  |  | CITY-ST   | - ZIP            | ☐ Cha   | inge Addition       |
|  | D DETER                                       |  | DELETE 2.1 TITLE 2.2 NAME  |           |                  |   | inge                |
| NAME<br>OVERT ADDRESS  | HAUSNER, PETER                                | ODIA DD  |  |           | pporce           |   | ł                   |
| STREET ADDRESS G 1/F SCENIC VILLA VICTOR   |   | ONIA ND.   |  |           | DDRESS           |   |                     |
| CITY-ST-ZIP<br>TITLE   | HONG KONG                                     | DE   |  | CITY-ST   | -2117            | [] Cha  | inge Addition       |
| NAME   |   |  | 32 N   |           |                  |   | a. [ ] Monitori     |
| STREET ADDRESS   |   |  |  |           | DDRESS           |   |                     |
|  |   |  |  | CITY-SI   | 1                |   | f                   |
| CITY-ST-ZIP<br>TITLE   |   | DE   |  |           | - Z  F           | Cha   | nge Addition        |
| NAME   |   |  |  | NAME      |                  |   |                     |
| STREET ADDRESS   |   |  |  |           | DDRESS           |   | l                   |
| CITY-ST-ZIP  |   |  |  | CITY-ST   |                  |   | 1                   |
| TITLE  |   | D8   |  |           | 411.             | Cha   | inge Addition       |
| NAME   |   |  | 5.2 N  |           |                  |   |                     |
| STREET ADDRESS   |   |  |  |           | DORESS           |   | }                   |
| CITY-ST-ZIP  |   |  |  | CITY-ST   | [                |   | ļ                   |
| TITLE  |   | DE   |  |           | ER .             | Cha   | nge Addition        |
| NAME   |   |  |  | IAME      |                  | 300002584083  | 7V                  |
| STREET ADDRESS   |   |  |  |           | .DDRESS          | -07/09/9801032014<br>***150.00  | 1/1                 |
| OUT OF THE   |   |  | 0.33   | LI T      | 710              | ***150.00   | V [ 1 ]             |

14. 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 upplemental 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 trusted 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.