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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## Feb 18, 1999 8:00 am Secretary of State Katherine Harris

02-18-1999 90011 034 \*\*\*150.00

i. Corporation	MENT # F95629 SUN CORPORATION	)			11821148 1179 1811	)	<b>. 210)   4</b> 18() 818() 612(	NJANZ ANNY JAON
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11002 N.W. 18TH PLACE 11002 N.W. 18TH PLACE								
PLANTATION FI	L 33322	PLANTATION FL 33322				NOT WRITE IN	THIS SPACE	
					3. Date Incorporated			
					08/20/1982	3		
2. Principal Pl	lace of Business	2a. Mailing Address			4, FEI Number		A	pplied For
21		26			65-0631982		<del></del>	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status	Desired 🔲		Additional equired
22 City & Ctat		City & State						<del></del>
<u>├</u> ¬ * , *		28	City & State		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip	Country	Zip	Country		8. This corporation ov			
24	25	29	30		Personal Property	•	□Yes	□No _
	9. Name and Address of Curre	nt Registered Agent			10. Name and Addres	s of New Regist	tøred Agent	
DIOF	DANICE ION C		81 Nan	ne		•		}
	RANES, JON C		82 Stre	et Addre	ss (P.O. Box Number is	Not Acceptable)		
11002 N:W:18TH PLACE PLANTATION FL 33322			02	83				
'5	(1A110N ) L 33322		83				LACE IN C.	相對如關
			84 City	7	<del></del>	- <del> </del>		Code
11 Duranant	to the provisions of Sections 607 050	12 and 607 1508 Florida Statut	es the above-nam	ed como	ration submits this state	nent for the purpo	se of changing it	s registered
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change was a	uthorized by the co	orporation	's board of directors. I h	ereby accept the	appointment as r	egistered
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	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	rida Statutes.		•			
SIGNATURE	m familiar with, and accept the obligation of registered age	ations of, Section 607.0505, Fid	riga Statutes.		when reinstating)		ATE	· .
SIGNATURE	m familiar with, and accept the obligation of registered age	ont and title if applicable. (NOTE	riga Statutes.		<u> </u>	DA	ATE RS AND DIRECT	ORS IN 12
SIGNATURE	on familiar with, and accept the obligation of registered age OFFICERS AN	nt and title if applicable. (NOTE	: Registered Agent signati		when reinstating)	DA	ATE	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN PD DIGRANES, JON C	ont and title if applicable. (NOTE	: Registered Agent signate		when reinstating)	DA	ATE RS AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN PD DIGRANES, JON C 11002 N.W. 18TH PLACE	ont and title if applicable. (NOTE	Registered Agent signali  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRE	ura required v	when reinstating)	DA	ATE RS AND DIRECT	ORS IN 12
SIGNATURE  12.  1ITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PD DIGRANES, JON C 11002 N.W. 18TH PLACE PLANTATION FL 33322	int and title if applicable. (NOTE ND DIRECTORS DELETE	Registered Agent signali  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRE  1.4 CITY-ST-ZIP	ura required v	when reinstating)	DA	ATE RS AND DIRECT ☐ Change	ORS IN 12
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

JON C. DIGRANES