

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90278 041 ***150.00

DOCUMENT # F96000005274

1. Corporation Name
SUNSERI ASSOCIATES, INC.

Principal Place of Business
3104 O ST #301
SACRAMENTO CA 95815

Mailing Address
3104 O ST #301
SACRAMENTO CA 95815

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/11/1996

4. FEI Number
68-0294704

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip 95816 25 Country

29 Zip 95816 30 Country

9. Name and Address of Current Registered Agent

SUNSERI, PHILIP A
13025 MULBERRY PARK DR #318
ORLANDO FL 32821

10. Name and Address of New Registered Agent

81 Name CT Corporation
82 Street Address (P.O. Box Number is Not Acceptable)
83 1200 South Pine Island Road
84 City Plantation FL 85 Zip Code 33324

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

C. Morales
Special Asst. Secretary

Feb. 17, 1999

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCPT
NAME SUNSERI, PHILIP A
STREET ADDRESS 13025 MULBERRY PARK DR #318
CITY-ST-ZIP ORLANDO FL 32821

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DC
NAME LUCKEL, RAY
STREET ADDRESS 48 COMANCHE CT
CITY-ST-ZIP CHICO CA 95928

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME LIEBERMAN, DON
STREET ADDRESS 48 COMANCHE CT
CITY-ST-ZIP CHICO CA 95928

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME ROWEN, RICHARD
STREET ADDRESS 48 COMANCHE CT
CITY-ST-ZIP CHICO CA 95928

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE V
NAME WRIGHT, MARK
STREET ADDRESS 3104 O ST #301
CITY-ST-ZIP SACRAMENTO CA 95815

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE S
NAME LYMAN, DAVID
STREET ADDRESS 3104 O ST #301
CITY-ST-ZIP SACRAMENTO CA 95815

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Signature and Typed or Printed Name of Signing Officer or Director

3/3/99

Date

(916)924-3621

Daytime Phone #

CR2E034 (11/98)