PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9600005693

1. Corporation Name

SUNBEAM SERVICES, INC.

Principal Place of Business	Mailing Address			
1613 SOUTH CONGRESS AVENUE S UITE 200 - DELRAY BEACH FL 334 45 US	1015 SOUTH CONGRESS AVENUE SUITE 2007 DELRAY BEACH FL 33448 -US			
2. Principal Place of Business 21 2381 EXECUTIVE CENTER.	2a. Mailing Address MAYE26 2381 EXECUTIVE CENTER IN			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
BOCA KATON, FC	28 BOOLA RATIN FL			
Zip Country 24 33431 25 U.S.A	Zip Country 29 3343 / 30 1/5 4			

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90292 012 ***150.00



Principal Place	e of Business	Mailing Address					
1615 SOUTH CONGRESS AVENUE 1615 SOUTH CONGRESS AVENUE							
SUITE 200 - SUITE 200"					DO NOT MOTE IN THE SPACE		
DELRAY BEACH	HFL 33445	DELRAY-BEACH FL-33448			DO NOT WRITE IN THIS SPACE		
U6					3. Date Incorporated or Qualifed •		
					11/01/1996		
2. Principal Pl	ace of Business	2a. Mailing Address	,	3	4. FEI Number Applied For		
21 2381 E	XECUTIVE CENTER DUY	226 2381 EXECUTIVE C	FNI	er 4a	1/VE 65-0539381 Not Applicable		
21 2381 EXECUTIVE CENTER DE VEZE 2381 EXECUTIVE CENTER DE VEZE Suite, Apt. #, etc.					# Contifered of Status Desired		
27					5. Certificate of Status Desired Fee Required		
City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23 BOCA	KATON FC	28 BOULA KATTAL	FL	~	Trust Fund Contribution Added to Fees		
Zip	Country		ountry		8. This corporation owes the current year Intangible		
24 334	31 25 1/SA	29 3343 / 30	XS.	4	Personal Property Tax. ☐ Yes ☐ No		
24, 2	9. Name and Address of Current		Τ.	•	10. Name and Address of New Registered Agent		
			81	Name			
CT	CORPORATION SYSTEM		(0.0.0.1)				
	SOUTH PINE ISLAND ROAD		82 Street Address (P.O. Box Number is Not Acceptable)				
	NTATION FL 33324		83				
	11/11/01/12 0002		"				
			84	City	FL 85 Zip Code		
				<u> </u>	• — , ,		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the	above od by	e-named of the como	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered		
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida St	atutes				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Registe	red Ager	it signature re	equired when reinstating) DATE		
12.	OFFICERS AND		3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	DELETE 1.1	TITLE	ŀ	PRESIDENT DILLE		
NAME	KERSH, RUSSELL A	1.2	NAME.	F	JENKINS, BODBY G.		
STREET ADDRESS	-1615 S CONGRESS AVE	1.3	STREE	ADDRESS .	2381 EXECUTIVE CENTER DRIVE		
CITY-ST-ZIP	DELRAY BEACH FL 33445	1.4	CITY-S	T-ZIP	BOCH RATON, FL 33431		
TITLÉ	VP	☐ DELETE 2.1	TITLE	•	VICE PRESIDENT Change Addition		
NAME	TOTTE, ROBERT P.	2.2	NAME	F	TOTTE ROBERT		
STREET ADDRESS	1615 6 CONGRESS AVE	2.3	STREE	ADDRESS	2201 Commerce DELEGE ALLUE		
ì	DELPAY BEACH FL 33445	5	4 CITY-5	:T. 7IP	2381 EXECUTIVE CENTER DEIVE BOLA RATON, FL 33431 Change PAddition		
_CITY-ST-ZIP	-\P-		TITLE	71-21	VICE PRESIDENT + TREASURER Change Addition		
TITLE		/ '	NAME		VICE INESTOSINI FIREWORKE		
NAME	FANNIN; DAVID C	i i		. *DDGE55	RICHTER, ROMAND R.		
STREET ADDRESS	1615 S CONGRESS AVE				0.387 275 6071 10 0-11 02		
CITY-ST-ZIP	- DELRAY-BEACH-FL 33445		L CITY+S	I-ZIP	POUR RATION, EV 3343/		
TITLE	-\P		TITLE		The state of the s		
NAME	-GLUCK, ROBERT J -		2 NAME	ķ	CLARK, KAREN K.		
STREET ADDRESS	-1615 S CONGRESS AVE	4.3	STREE	TADDRESS	30/ 26204///		
CITY-ST-ZIP	-DELRAY-BEACH-FL-33445		CITY-S	T-ZIP	BACA KATON, FL 33431		
πιε	VP	<i></i>	TITLE	j	VICE PRESIDENT/SCORETHRY Change Addition		
NAME	KELLEY, JANET G	. 5.2	NAME		Walley Taylord		
STREET ADDRESS	-1615 S CONGRESS AVE	5.3	STREE	T ADDRESS	3381 EXECUTIVE CENTER DRIVE		
CITY-ST-ZIP	DELRAY BEACH FL 33445	5.4	CITY-S	T-ZIP	BOOM RATON, FL 33431		
TILE	VP	DELETE 6.1	TITLE		VICE PAESINGUT + ASST Sec. Change Addition		
	**	•	NAME		160 a a a a a a a a a a a a a a a a a a a		
NAME -	BURKETT, TIMOTHY	1	STPE	TADDRESS	9381 EXECUTIVE CENTER DAIVE		
STREET ADDRESS	1815 S CONGRESS AVE	0.0	OINEE		7201 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		

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:

CITY-ST-ZIP