

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

**FILED**  
**Feb 07 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # G23039 (2)**

1. Corporation Name  
**SUN COUNTRY PRODUCTS, INC.**



Principal Place of Business  
**16103 CHANCERY PL.  
 TAMPA FL 33613**

Mailing Address  
**16103 CHANCERY PL.  
 TAMPA FL 33613-1072**

3. Date Incorporated or Qualified **02/08/1983**      3a. Date of Last Report **03/26/1996**

2. Principal Place of Business      2a. Mailing Address

21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.

22 City & State      27 City & State

23 Zip      28 Zip      Country      30 Country

24      25      29      30

4. FEI Number **59-2262084**      Applied For  
 Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PAGLIARULO, ROCCO  
 16103 CHANCERY PL.  
 TAMPA FL 33613**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City      85 Zip Code **FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                           |                                 |
|-----------------|---------------------------|---------------------------------|
| TITLE           | <b>PVT</b>                | <input type="checkbox"/> DELETE |
| NAME            | <b>PAGLIARULO, ROCCO</b>  |                                 |
| STREET ADDRESS  | <b>16103 CHANCERY PL.</b> |                                 |
| CITY - ST - ZIP | <b>TAMPA FL</b>           |                                 |
| TITLE           |                           | <input type="checkbox"/> DELETE |
| NAME            |                           |                                 |
| STREET ADDRESS  |                           |                                 |
| CITY - ST - ZIP |                           |                                 |
| TITLE           |                           | <input type="checkbox"/> DELETE |
| NAME            |                           |                                 |
| STREET ADDRESS  |                           |                                 |
| CITY - ST - ZIP |                           |                                 |
| TITLE           |                           | <input type="checkbox"/> DELETE |
| NAME            |                           |                                 |
| STREET ADDRESS  |                           |                                 |
| CITY - ST - ZIP |                           |                                 |
| TITLE           |                           | <input type="checkbox"/> DELETE |
| NAME            |                           |                                 |
| STREET ADDRESS  |                           |                                 |
| CITY - ST - ZIP |                           |                                 |

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 CITY - ST - ZIP |   |

14. I do 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.

SIGNATURE: *Bethany Pagliarulo, Bethany Pagliarulo, Vice President 1/5/97 (813) 948-3548*

CR2E034 (9/96)