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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G31191

(1)

SUN KING ENTERPRISES, INC.

**FILED** 

Apr 30 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address 5201 W KENNEDY BLVD. STE 530 5201 W KENNEDY BLVD. STE 530

TAMPA FL 33	1609	TAMPA FL 33609			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	
						03/30/1983	
2, Principal F	Place of Business	2a, Mailing Address				4. FEI Number Applied For	
21		26				<b>59-2282571</b> Not Applica	ole
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5 Certificate of Status Desired 38.75 Additional	
City & State		27			Fee Required		
<del>_</del>	e	City & State				6. Election Campaign Financing \$5.00 May Be	
Zip	Country		Count			Trust Fund Contribution	
24	25	_ <del> </del>	Count	ŧУ		8. This corporation owes or has paid the current year Intangible	!
24	g. Name and Address of Curre		30			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent	
MO		The second secon	8	1	Name	10. Hamo and Addition of Horr ringspicious Agent	—
	WER, JAMES N.			1			
	55 1ST STREET PETERSBURG FL 33702		8	2	Street Addre	dress (P.O. Box Number is Not Acceptable)	
31.	PETERSBURG PL 33/02		8	3			
			8	4	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607 05	02 and 607 1508, Florida Statute:	s, the abo	ve-	-named corp	reporation submits this statement for the purpose of changing its register	he
Office or r	egistered agent, or both, in the State m familiar with, and accept the oblid	e of Florida. Such change was au	uthorized I	by 1	the corporation	ation's board of directors. I hereby accept the appointment as registered	ĩ
•	in raininal with, and accept the cong	jations of, Section 607.0505, Flor	ioa statut	es.			
SIGNATURE	Signature, typed or printed name of regulared ag	ent and title if applicable (NOTE	Registered A	gen	nt signature require	uirod when reinstating) DATE	-
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE			☐ Change ☐ Addit	ion
NAME	MOWER, JAMES N.		1.2 NAMI	Ε			
STREET ADDRESS	9755 IST STREET		1.3 STRE	ET A	ADDRESS		
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>		1.4 C(FY-	- 57-	- ZIP		
TITLE	<b>VP</b> D	☐ DELETE	2.1 TITLE			☐ Change ☐ Addit	оп
NAME	MOWER, PATRICIA A		2.2 NAME			•	- 1
STREET ADDRESS	9755 1ST STREET		2.3 STREET ADD		ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		2. 4 CITY-ST-ZIP		í - ZIP		
TITLE	☐ DELETE		3.1 TITLE	3.1 TITLE		Change Addit	on
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREI	ET A	ADDRESS		
CITY - ST - ZIP			3.4. CITY	- ST	(-ZIP		_]
TITLE		☐ DELET <b>É</b>	4.1 TITLE			Change Addit	on
NAME			4.2 NAM	E			
STREET ADDRESS			4.3 STREI	ET A	ADDRESS		
CITY-ST-ZIP			4.4 City	ST-	- ZIP		
TITLE		☐ DELETE	5 1 TITLE			☐ Change ☐ Addit	on
NAME			52 NAME				
STREET ADDRESS			5 3 STREE	ET A	ODRESS		
CfTY-ST-ZIP		···	5.4 CITY-	ST-	- ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition	on ]
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T A	DDRESS		ĺ

14. Thereby 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 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 composition 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 atlachment with an address.