## 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 # G64905

(4)

SUNSET R. V. SALES, INC.

## **FILED** Jan 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2725 AURORA RD. 2725 AURORA RD. MELBOURNE FL 32935 MELBOURNE FL 32935 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/13/1983 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2433882 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SOILEAU, JOHN L 1970 MICHIGAN AVENUE BUILDING C Street Address (P.O. Box Number is Not Acceptable) COCOA FL 32922 83 Zip Code 85 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE PETROVICH, ISIDOR 1,2 NAME NAME 408 MONTREAL WAY STREET ADORESS 1.3 STREET ADDRESS ROCKLEDGE FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITI F 2.1 TITLE PETROVICH, GORDANA NAME 2.2 NAME 408 MONTREAL WAY 2.3 STREET ADDRESS STREET ADDRESS ROCKLEDGE FL CiTY - ST - ZIP 2. 4 CITY - ST-ZIP DELETE Change \_\_\_ Addition TITLE 3.1 TITLE PETROVICH, GORDANA 3.2 NAME NAME **408 MONTREAL WAY** 3.3 STREET ADDRESS STREET ADDRESS ROCKLEDGE FL 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE ☐ DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

14. I hereby certify that the information supplied with this filling 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:

| JAN - 5 - 98|

6.3 STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

2E034