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**PROFIT** CORPORATION ANNUAL REPORT

...:1999 · · · · · ·

DOCUMENT # HOO140



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90218 021 \*\*\*150.00

1. Corporation Name					(			
SUNLINE	E SALES CORPORATION	**						
001121112		•			( 1001D)) 0110 11010 11001 11011 01014 BD(1 B)B1	BIANCEREN BIAN		
Principal Place	e of Business	Mailing Address	·			MINIT DIRTI MINIT	EIETI OLEH IOEI	
9167 SE STAR ISLAND WAY 9167 SE STAR ISLAND WAY								
HOBE SOUND FL 33455 HOBE SOUND FL 33455					DO MOT MIDITE IN THE	0.004.05		
us us					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
	•							
2. Principal Place of Business 2a. Mailing Address				09/18/1984 4. FEI Number	ΙΔ	pplied For		
2. Principal Place of Business		26		59-2450486		lot Applicable		
Suite, Apt.	# etc.	Suite, Apt. #, etc.					Additional	
22		27			5. Certifcate of Status Desired	Fee R	lequired	
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be	
23	•	28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Countr	y	8. This corporation owes the current year !			
24	25	29 3	30		Personal Property Tax.	A Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent		
	ena ippropri		81	Name				
	RIS, JEFFREY	•	82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
9167 SE STAR ISLAND WAY HOBE SOUND FL 33455			_					
HUD	DE SOUND FL 33435		8:	<b>5</b>				
			84	City	F	85 Zip	Code	
				<u> </u>			c registered	
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statutes f Florida. Such change was aut	s, the above thorized by	re-named corpo the corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the app	ointment as r	egistered	
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	da Statute	s.				
SIGNATURE	Oliver had a single and opposed appear	and title if applicable (NOTE: E	Parietared An	ent signature required	when reinstating) DATE		<del></del>	_
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: F  OFFICERS AND DIRECTORS			ark algriculo rodanos			000 111 40	Q,
		DORECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECT	URS IN 12	
TITLE	· · · · · · · · · · · · · · · · · · ·	D DIRECTORS DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change		111
TITLE NAME	PT	<del></del>	_		ADDITIONS/CHANGES TO OFFICERS			24 /44
NAME	PT HARRIS, JEFFREY	<del></del>	1.1 TITLE 1.2 NAME	ET ADDRESS	ADDITIONS/CHANGES TO OFFICERS			E024 /11
NAME STREET ADDRESS	PT HARRIS, JEFFREY 9167 SE STAR ISLAND WAY	<del></del>	1.1 TITLE 1.2 NAME	ET ADDRESS	ADDITIONS/CHANGES TO OFFICERS		Addition	D2E024 /11
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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: