

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90145 006 \*\*\*150.00

DOCUMENT # H26547

1. Corporation Name

SUNSET RESORT SERVICES, INC.

Principal Place of Business

\*JOSEPH D. STAVOLI Remove  
11000 - 70TH AVE. NORTH  
SEMINOLE FL 33772  
US

Mailing Address

\*JOSEPH D. STAVOLI Remove  
11000 - 70TH AVE. NORTH  
SEMINOLE FL 33772  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1984

4. FEI Number

59-2501124

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1849-A Bough Avenue

Suite, Apt. #, etc.

22 City & State

23 Clearwater, FL

24 Zip 33760

25 Country US

2a. Mailing Address

26 1849-A Bough Avenue

Suite, Apt. #, etc.

27 City & State

28 Clearwater, FL

29 Zip 33760

30 Country US

9. Name and Address of Current Registered Agent

STAVOLI, BARBARA R.  
11000 - 70TH AVE. NORTH  
SEMINOLE FL 33772

10. Name and Address of New Registered Agent

81 Name

Louis Urbinati, III

82 Street Address (P.O. Box Number is Not Acceptable)

1849-A Bough Avenue

83

84 City

Clearwater

FL

85 Zip Code

33760

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 4/30/99

12. OFFICERS AND DIRECTORS

TITLE VPS ☐ DELETE  
NAME URBINATI, LOUIS  
STREET ADDRESS 11000 70TH AVE N  
CITY-ST-ZIP SEMINOLE FL

TITLE DSS ☒ DELETE  
NAME STAVOLI, BARBARA A.  
STREET ADDRESS 11000-70TH AVENUE  
CITY-ST-ZIP SEMINOLE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPS ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 1849-A Bough Avenue  
1.4 CITY-ST-ZIP Clearwater, FL 33760

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/30/99

Daytime Phone # 727-530-9192

CR2E034 (11/98)