

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # H49662

(0)

1. Corporation Name

SUNLOCK, INC.

Principal Place of Business

**701 EAST GULF BLVD
INDIAN ROCKS BCH FL 34635**

Mailing Address

**701 EAST GULF BLVD
INDIAN ROCKS BCH FL 34635**

FILED
95 JUL 21 PM 12:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/29/1985	3a. Date of Last Report 03/18/1994
4. FEI Number 59-2514100	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
b. This corporation has liability for intangible tax under s. 100.002, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 309 HARBOR DRIVE	26 309 HARBOR DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 —	27 —
City & State	City & State
23 BELLEAIR BEACH, FLA.	28 BELLEAIR BEACH, FLA.
Zip	Zip
24 34634	29 34634
Country	Country
25 U.S.A.	30 U.S.A.

9. Name and Address of Current Registered Agent

**FOX, GREGORY A., ESQ.
2380 DREW ST.,
SUITE 3
CLEARWATER FL 34625**

10. Name and Address of Now Registered Agent

01 Name FOX, GREGORY A., ESQ.
02 Street Address (P.O. Box Number is Not Acceptable) 28050 U.S. 19N
03 SUITE 100.
04 City CLEARWATER
05 Zip Code FL 34621

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 of President or principal officer of corporation, agent and the Secretary

NOTE: Registered Agent signature required when immediate

(X11)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DT	NAME SZASZ, ROBERT	1.1 TITLE DT	☒ Change ☐ Addition
STREET ADDRESS 701 EAST GULF BLVD		1.2 NAME SZASZ, ROBERT	
CITY, ST, ZIP INDIAN ROCKS BCH FL		1.3 STREET ADDRESS 309 HARBOR DRIVE	
		1.4 CITY, ST, ZIP BELLEAIR BEACH, FL. 34634	☒ Change ☐ Addition
TITLE VS	NAME SZASZ, MARY	2.1 TITLE VS	☒ Change ☐ Addition
STREET ADDRESS 701 EAST GULF BLVD		2.2 NAME SZASZ, MARY	
CITY, ST, ZIP INDIAN ROCKS BCH FL		2.3 STREET ADDRESS 309 HARBOR DRIVE.	
		2.4 CITY, ST, ZIP BELLEAIR BEACH, FL. 34634	☒ Change ☐ Addition
TITLE PD	NAME SZASZ, STEVE	3.1 TITLE PD	☒ Change ☐ Addition
STREET ADDRESS 701 EAST GULF BLVD		3.2 NAME SZASZ, STEVE.	
CITY, ST, ZIP INDIAN ROCKS BCH FL		3.3 STREET ADDRESS 309 HARBOR DRIVE	
		3.4 CITY, ST, ZIP BELLEAIR BEACH, FL. 34634	☒ Change ☐ Addition
TITLE	NAME	4.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		4.2 NAME	
CITY, ST, ZIP		4.3 STREET ADDRESS	
		4.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE	NAME	5.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		5.2 NAME	
CITY, ST, ZIP		5.3 STREET ADDRESS	
		5.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE	NAME	6.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		6.2 NAME	
CITY, ST, ZIP		6.3 STREET ADDRESS	
		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information reflected 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 its 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 any statement with my address.

SIGNATURE:

SIGNATURE AND FILED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE SZASZ

7/17/95

865-0198