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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1997	Secre	Secretary of State DIVISION OF CORPORATIONS				Secretary of State				
DOCUMENT # H49662 (0) SUNLOCK, INC.						 	8/8 18/8			HAR 1021	
Principal Place 309 HARBOR C BELLEAIR BEAR US		Mailing Address 309 HARBOR DRIVE BELLEAIR BEACH FL 33786-3249 US									
						3. Date Incorpo 03/29/198	rated or Qualified		te of Last Ro 0/1996	eport	
2. Principal F	Place of Business	2a. Mailing Address	2e. Mailing Address				00	J 04/0	★ Ap	plied For I Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.					Status Desired		\$8.75 A		
22		27							Fee Re		
City & Star	lo	City & State					paign Financing	П	\$5.00		
Zip	Country					Trust Fund C			Added to		
24	25 29 30					8. This corporation has liability for intangible tax under s. 199.032, Fforida Statutes Yes No					
	9. Name and Address of Curre	ent Registered Agent				10. Name and A	ddress of New Reg	gistered A	gent		
FOX, GREGORY A.					Name					ŀ	
28050 U.S. 19 NORTH				82	Street A	ddress (P.O. Box Numb	oer is Not Acceptab	le)			
SUITE 100 CLEARWATER FL 34621				83							
OLEANWAIEN FL 34021							·	··			
					City			FL	85 Zip C	Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Stat	utes, the a	bov	e-named c	orporation submits this	statement for the p		changing its	s registered	
agent. La	to the provisions of Sections 607.05 registered agent, or both, in the Staten familiar with, and accept the obli	e of Florida. Such change was gations of, Section 607.0505, I	s autnorize Florida Sta	tute:	y the corpo s.	iration's board of direct	ors, i nereby accep	the appo	intment as i	registered	
SIGNATURE	Drew a	reso									
12.	······································	gent and little if applicable (NO ND DIRECTORS	13.	d Age	ent Bignature re	quired when reinstating) ADDITIONS/C	HANGES TO OFFIC	DATE FRS AND	DIRECTOR:	S IN 12	
TITLE	DT			1.1 TIPLE		7,007,10,10,10			Change	Addition	
NAME	SZASZ, ROBERT	1.2		1.2 NAME						ļ	
STREET ADDRESS	309 HARBOR DRIVE	9 HARBOR DRIVE		1.3 STREET ADDRESS						ļ,	
CITY-ST-ZIP	BELLEAIR BEACH FL				ST - ZIP						
TITLE	VS			2.1 TITLE					Change	Addition	
NAME	AND LLEDDOD ODNE			2.2 NAME						ļ	
STREET ADDRESS	DELICATO DELCUICI			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP							
CITY-ST-ZIP TITLE				31 TILLE					Change	Addition	
NAME	SZASZ, STEVE	- '		3.2 NAME							
STREET ADDRESS	109 HARBOR DRIVE 3.3		1		ADDRESS]	
CITY-ST-ZIP	BELLEAIR BEACH FL			3.4. CITY - ST - ZIP							
TITLE		DELETE	4.1 THILE						Change	Addition	
NAME			4.21								
STREET ADDRESS			4.3 STREE								
CITY-ST-ZIP		DELETE	4.4 CHY- 5.1 TITLE		1-ZIP				Change	Addition	
NAME			5.2 NAM		}			,	e-		
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP	54			(TY-S	I - ZIP			<u> </u>			
TITLE		DELETE	6.11			-			Change	Addition	
NAME			6.2 N								
STREET ADDRESS			6.3 S	TREE1	ADDRESS						

14. I do 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 receiper truster of mpowered 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 aparting intuity an address.

FILED

Jul 21 1997 8:00am