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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

DOCUMENT # H55785 (0)

1. Corporation Name
SUNPIER, INC.

Principal Place of Business
701 E. GULF BLVD.
INDIAN ROCKS BCH. FL 34635
US

Mailing Address
701 E. GULF BLVD.
INDIAN ROCKS BCH. FL 34635
US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 05/07/1985
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-2742649 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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 New Registered Agent

81 Name: FOX, GREGORY A., ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 28050 U.S. 19 N.
83 SUITE 100
84 City: CLEARWATER FL 85 Zip Code: 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 ______________ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	CORREALE, JILL	12 NAME	CORREALE, JILL
STREET ADDRESS	701 E. GULF BLVD.	13 STREET ADDRESS	309 HARBOR DRIVE
CITY ST ZIP	INDIAN ROCKS BCH. FL	14 CITY ST ZIP	BELLEAIR BEACH, FL. 34634
TITLE	VST	21 TITLE	VST ☒ Change ☐ Addition
NAME	SZASZ, STEVE	22 NAME	SZASZ, STEVE
STREET ADDRESS	701 E. GULF BLVD.	23 STREET ADDRESS	309 HARBOR DRIVE
CITY ST ZIP	INDIAN ROCKS BLVD. FL	24 CITY ST ZIP	BELLEAIR BEACH, FL. 34634
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(k), 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: [signature] STEVE SZASZ 7/17/95 865-0198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0114730 CP