## 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

## DOCUMENT # H89752

SUTONE CORPORATION

## **FILED** Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90056 050 \*\*\*150.00



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Principal Place of Business Mailing Address									•
1937 N. MILITARY TR., SUITE E WEST PALM BCH. FL 33409		1937 N. MILITARY TR., SUITE E WEST PALM BCH. FL 33409			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 12/12/1985	iii iiiio j	, AVL	
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			plied For
21		26				59-2608510		No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			
City & State		City & State				6. Election Campaign Financing	3.	\$5.00	May Be
23		28				Trust Fund Contribution	J.	Added	to Fees
Zip	Country	Zip	Count	ry		8. This corporation owes the current			
24	25		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent		a I	NI	10. Name and Address of New Reg	istered A	lgent	
DEA	CAN CUCAN C		8	1	Name				
REAGAN, SUSAN C. 8716 WENDY LANE EAST.				2	Street Addre	ess (P.O. Box Number is Not Acceptable	) .		
	T PALM BEACH FL 33411					* the control between the control of	1991 15 15 15 15 117 15 15 15 15 15 15 15 15 15 15 15 15 15	A 2 M	100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
WES	I FALM BEACH PL 33411		8	3					\$5.52 45 L
			8	4	City		FL	85 Zip	Code
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		21015.5	N: <b>A</b> 2		signature remained	t when reinstating)	DATE		
DESCRIPTION OF THE PROPERTY OF					signature required	ADDITIONS/CHANGES TO OFFIC		D DIRECTO	DRS IN 12
TITLE	PD OFFICERS AND	DELETE	13.	_		THE PARTY OF THE P		☐ Change	Addition
	REAGAN, SUSAN C.	<b>_</b>	1,2 NAME		ļ				
NAME	8716 WENDY LANE E.				ADDRESS				ŀ
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CITY+ST-ZIP TITLE	WEOT TALM BENOTTE	☐ DELETE	2.1 TITLE		<u> </u>			Change	☐ Addition
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					ADDRESS				-
STREET ADDRESS	. n̂t		2. 4 CITY			·			
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STREET ADDRESS			6.3 STRE	EET/	ADDRESS	en e	1		/
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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: