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 Jan 29, 1999 8:00am Secretary of State

01-29-1999 90005 017 ***150.00

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1. Corporation		5			
Sunbei	LT REMODELING, INC.				
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l					
Principal Plac	e of Business	Mailing Address			1811 61811 81811 81811 81811 6181 1881
5012 MANGRO		5012 MANGROVE PT RD		l	
BRADENTON F		BRADENTON FL 34210			
US		US		DO NOT WRITE IN T	'HIS SPACE
	- "			3. Date incorporated or Qualifed	
	•			04/03/1986	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	•	26		59-2662797	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	•	27		5. Certifcate of Status Desired	Fee Required
City & Sta	e	City & State		6. Election Campaign Financing	\$5:00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	. Zip	Country	8. This corporation owes the current year	
24	25	29	30	Personal Property Tax.	Yes No
	9. Name and Address of Curr			10. Name and Address of New Registe	
	4. F. S.		81 Name		•
	N, GEORGE				
5012 MANGROVE PT RD			82 Street Add	dress (P.O. Box Number is Not Acceptable)	•
BRA	DENTON FL 34210		83	<u> </u>	14 1 2 2 4 1 A 10 1 4 1 2 1 3 1 3
					生活描述 網幣斯
			84 City		85 Zip Code
11 Purcuant	to the provisions of Sections 607.05	502 and 607 1509 Florida Statuto	s the above named cor	receives submits this statement for the surross	of changing its societored
office or i	egistered agent, or both, in the Stat	e of Florida. Such change was au	thorized by the corporat	poration submits this statement for the purposition's board of directors. I hereby accept the ap	pointment as registered
iii agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Flori	ida Statutes.		• -
SIGNATURE	3				
12.	Signature, typed or printed name of registered at	AND DIRECTORS	13.	red when reinstating) DATE	
TITLE	PD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	ELLIN, GEORGE		1	জিল বিভেটিই নিয়	□ cualide □ vooition
•	5209 35 AVE W	• .	1.2 NAME	•	
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		1.4 CITY+ST-ZIP		
TITLE	V.	☐ DELETE	2.1 TITLE		Change Addition
NAME ·	ELLIN, SUSAN		2.2 NAME		
STREET ADDRESS	5209 35 AVE W		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL	ii.	2. 4 CITY-ST-ZIP		
TITLE (2) r	स क इन्द्रा				
NAME		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
	Therene were		3.1 TITLE -3.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	A LINE ME LOOK	☐ OELETE	1	13 2 3 3 X x 2 3 3 3 3 3 3 3 4 3 4 3 4 3 4 3 4 3 4 3	Change Addition
STREET ADDRESS	DOMESTICAL STREET	☐ DELETE	3.2 NAME	A STATE OF THE STA	图1995期。2.341開發
15.47	A LINE ME LOOK	☐ DELETE	3.2 NAME		Change Addition
CITY-ST-ZIP	PARTON PLANTER	[] DELETE	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
CITY-ST-ZIP	PARTER PLANER	☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE		
CITY-ST-ZIP TITLE NAME STREET ADDRESS	PARTER PLANER	[] DELETE	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE NAME VONCES	PARTER PLANER	DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
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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 any address, with all other like empowered.

SIGNATURE

ANEGATORISMO OF SIGNING OFFICER OF DIRECTOR

1-7-1999

Daytime Phone #