SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Sep 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

SUN G	uard auto tinting, inc.					
Principal Plac	ce of Business	Mailing Address			- I STORINIO BAND NEOTE ONION JAPONE HINDI NOVI	O (B) (B) O (B) E (B) O (B
% WILLIAM JENKS 4425 A TAMIAMI TRAIL CHARLOTTE HARBOR FL 33980		% WILLIAM JENKS 4425 A TAMIAMI TRAIL CHARLOTTE HARBOR FL 33980		DO NOT WRITE 3. Date Incorporated or Qualified	IN THIS SPACE 3a. Date of Last Report	
					07/29/1986	08/02/1996
2. Principal Place of Business 2a. Mailing		2a. Mailing Address	Mailing Address		4. FEI Number	Applied For
21		26	26		59-2778010	Not Appl cable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22 City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip			Country	1	8. This corporation owes or has paid	
24	25		30		Personal Property Tax due June	
	9. Name and Address of Curre	nt Hegistered Agent	81	Name	10. Name and Address of New Reg	Jistered Agent
	NKS, WILLIAM					
	25A TAMIAMI TRAIL IARLOTTE HARBOR FL 33980		82	Street Add	dress (P.O. Box Number is Not Acceptabl	le)
On	MALOTTE HANDON TE 33800		83			
<u> </u>			84	City		FL 85 Zip Code
office or agent. I SIGNATURE	am familiar with, and accept the oblig	gations of, Section 607,0505, Flo	noa Statute	S.	rporation submits this statement for the pration's board of directors. I hereby acceptions are provided the provided when reinstating)	t the appointment as registered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	DELETE 1.				Change Addition
NAME	JENKS, WILLIAM		1.2 NAME			
STREET ADDRESS				r address		
CITY-ST-ZIP	CHARLOTTE HARBOR FL	Drutte	1.4 CITY-1 2.1 THILE	ST-ZIP		Change Addition
TITLE						C change C Padition
NAME STREET ADDRESS			22 NAME	ADDRESS	. 1	
CITY-ST-ZIP			2.4 City-St-ZiP			
TITLE	DELETE		3.1 TITLE	51-211		Change Addition
NAME			3.2 NAME			
STREET ADDRESS	ş -		3.3 STREE	ADDRESS		
CITY-ST-ZIP			3.4. CITY-	\$T - ZIP		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS	;		4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE			Change C Papellon
NAME ATDEET A BEST OF			5.2 NAME	T ADDDCCĆ		
STREET ADDRESS	·			T ADDRESS		
CITY-ST-ZIP TITLE	 -	DELETE	5.4 CITY- 6.1 TITLE	31- ZIF		Change Addition
NAME		Percie.	6.2 NAME			
STREET ADDRESS			1	T ADDRESS		
CITY-ST-ZIP			6.4 CITY -			

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 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 of the corporation of the corporation of the corporation of the receiver of 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 of the corporation of the corporation of the receiver of 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 of the corporation of the receiver of the corporation of the receiver of 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 of the corporation of the receiver of the corporation of the receiver of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(iii), Florida Statutes. I further certification in Section 119.07(3)(iii), Florida Statutes. I fur