

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

FILED

May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J35235** (7)  
1. Corporation Name  
**SUNBURST SALES, INC.**

Principal Place of Business  
**989 HICKORY TRAIL  
WEST PALM BEACH FL 33414**

Mailing Address  
**989 HICKORY TRAIL  
WEST PALM BEACH FL 33414**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>126 COLONIAL ST. S.E.</b> Suite, Apt. #, etc. 22 City & State <b>PORT CHARLOTTE, FL</b> Zip <b>33952</b>		2a. Mailing Address 26 <b>126 COLONIAL ST. S.E.</b> Suite, Apt. #, etc. 27 City & State <b>PORT CHARLOTTE, FL</b> Zip <b>33952</b>		3. Date Incorporated or Qualified <b>09/26/1986</b>	
23 <b>PORT CHARLOTTE, FL</b> Country <b>USA</b>		28 <b>PORT CHARLOTTE, FL</b> Country <b>USA</b>		4. FEI Number <b>59-2725949</b> Applied For <input type="checkbox"/> Not Applicable	
24 <b>33952</b>		25 <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
26 <b>USA</b>		27 <b>33952</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
28 <b>USA</b>		29 <b>33952</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KNOTH, ROBERT W. 989 HICKORY TRAIL WEST PALM BEACH FL 33414</b>		10. Name and Address of New Registered Agent 81 Name <b>ROBERT W. KNOTH</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>126 COLONIAL ST. S.E.</b> 83 84 City <b>PORT CHARLOTTE</b> FL 85 Zip Code <b>33952</b>	
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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 *Robert W. Knoch* DATE **7-28-98**  
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	PVT <input type="checkbox"/> DELETE	1.1 TITLE	PVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNOTH, ROBERT W.</b>	1.2 NAME	<b>ROBERT W. KNOTH</b>
STREET ADDRESS	<b>989 HICKORY TRAIL</b>	1.3 STREET ADDRESS	<b>126 COLONIAL ST. S.E.</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	1.4 CITY-ST-ZIP	<b>PORT CHARLOTTE, FL 33952</b>
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNOTH, LOUISE P.</b>	2.2 NAME	<b>LOUISE P. KNOTH</b>
STREET ADDRESS	<b>989 HICKORY TRAIL</b>	2.3 STREET ADDRESS	<b>126 COLONIAL ST. S.E.</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	2.4 CITY-ST-ZIP	<b>PORT CHARLOTTE, FL 33952</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Robert W. Knoch* **ROBERT W. KNOTH** DATE **7-28-98** 941-627-4550  
Signature typed or printed name of signing officer or director

CR2E034 (10/97)