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

May 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (0)SUNSETTERS, INC. Principal Place of Business Mailing Address 2541 COUNTRYSIDE BLVD 2541 COUNTRYSIDE BLVD DO NOT WRITE IN THIS SPACE **CLEARWATER FL 34621 CLEARWATER FL 34621** 3. Date Incorporated or Qualified 10/31/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2734053 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARINE MELODIE L 2672 MONTAQUE CT W 82 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34621** 83 City R4 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** Signature, typod or printed name of registered agent and the if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE ___ Addition MARINE, LAWRENCE W NAME 1.2 NAME CR2E034 2672 Montague Ct.W.
2672 Montague Ct.W 2672 MONTAQUE CT W 1.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE 21 TITLE TITLE MARINE, MELODIE L 2 2 NAME NAME 2672 MONTAQUE CT. W 2.3 STREET ADDRESS STREET ADDRESS CLEARWATER FL 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE ☐ DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY+ST-7IP 4.4 CiTY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

14. Thereby 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 receive 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 appearment with an address.

SIGNATURE:

4-23-98

FILED