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

ELORIDA DEPARTMENT DE STATE

PROFIT

Mar 19 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS SUNNY Z-INC: PAVIMENTO INC. a di Minne di litta de manistra 1964 i di Britani di Hilliani di Lora, su si massir di والقاوية والمراجع والألفاء والمراجع Principal Place of Business Mailing Address 6539 CENTRAL AVE. 6539 CENTRAL AVE. ST PETERSBURG FL 33710 ST PETERSBURG FL 33710 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/27/1987 2. Principal Place of Business 4. FEI Number Applied For 59-2763764 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agen Name COTNOIR, ANDREA Z. 6539 CENTRAL AVE. 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33710 83 84 City Zip Code 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered eacher 607.0505, Florida Statutes. 11. Pursuant to the proy office or registere agent. I am famil SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE COTNOIR, ANDREA 1.2 NAME NAME 6379 2ND AVE N. 1.3 STREET ADDRESS STREET ADDRESS **ST PETERSBURG FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE ANDREA, COTNOIR NAME 2.2 NAME 6379 2ND AVE N. 2.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TrTLE 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 T≀TLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS ***150.00 6.4 CITY - ST - ZIP 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 supplier will annual report is true and acquirate 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 occurrent rustees in powered 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 as attachment with an address.

FILED

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