**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J66340 1. Corporation Name

SUNBURST CITRUS PRODUCTS, INC.

Principal Place	e of Business	Mailing Address					I <b>a B</b> inn <b>a arian</b> mari	JEH DEN DIBN DI	<u> </u>	HO 11 O 1811 1881	
•		10750 NW 21ST ST									
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					1	04/02/1987		•			
2 Principal P	lace of Business	2a. Mailing Address				El Number			Apr	plied For	
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.						<del></del>	\$8.75 A	Additional	
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City & Stat	е	City & State			6. E	lection Camp	aign Financing	П	\$5.00	· · · · · · · · · · · · · · · · · · ·	
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24	25	29	30			ersonal Prop		Distanad		□No	
	9. Name and Address of Curre	ent Registered Agent		1 Name			dress of New		Agent		
KI E	n, Jeffrey		ľ	Name	Thom	es E	er is Not Accep	2007/11			
	BROKEN SOUND PKWY. NW		8	2 Street	Address (P.0	D. Box Numb	er is Not Accep	table)			
•	A RATON FL 33431			13	10750	HW	215	57.			
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	to the provisions of Sections 607.05	00 1 007 4500 Flid- Ct-	4.4 4							registered	
office or r	egistered agent, or both, in the State	e of Florida. Such change was	s authorized t	y the corpo	oration's boa	rd of director	s. I hereby acce	ept the appoir	ntment as reg	gistered	
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505. I	Florida Statut	96							
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	Signature, typed or printed name of registered ag	ent and title if applicable. (NC	OTE: Registered A				IANGES TO O	DATE FICERS AN	D DIRECTO	RS IN 12	
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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 an address, with all other like empowered.

6.4 CITY-ST-ZIP

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90179 004 \*\*\*150.00