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

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gurno

CITY-ST-ZIP

May 01 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # J93418 (8) SU JAN ENTERPRISES, INC. Principal Place of Business Mailing Address % MARY BETH WILSON % MARY BETH WILSON 1700 S. TAMIAMI TR. 1700 S. TAMIAMI TR. DO NOT WRITE IN THIS SPACE VENICE FL 34293 VENICE FL 34283 3. Date Incorporated or Qualified 09/22/1987 2. Principal Place of Business 2a. Mailing Address Applied For 59-2848455 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 25 29 24 30 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent 81 Name WILSON, MARY BETH 1700 S. TAMIAMI TR 82 Street Address (P.O. Box Number is Not Acceptable) VENICE FL 34293 83 84 City Zip Code 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, typed or printed name of registered agent and little if amplicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 11 THLE NAME WILSON, MARY BETH 12 NAME STREET ADDRESS 1700 S. TRAIL 1.3 STREET ADDRESS VENICE FL CITY-ST-ZIP 1.4 CiTY+ST+ZIP DELETE Addition 2.1 THILE Change TITLE KHURANA, MOHAN 2.2 NAME NAME 1700 S. TAMIAMI TR. 2.3 STREET ADDRESS STREET ADDRESS VENICE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3 1 TITLE ☐ Change Addition TITLE 3.2 NAME MALAF 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this ennual 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

FILED

(941)474-9449