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

**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** 

Mar 26 1998 8:00am

Secretary of State

1. Corporatio	IVIEIVI n Name	# K18	539	(2)								
O. R. S	SUNDAY A	ND COMPAN	IY, INC.	-								
Principal Place of Business				Mailing Address					T TOURIBLES BOY STOOM SOURL BY STOOM IS	DII DITKI EUR		
16717 - 106 TERR., N.				16717 - 106 TERR., N.								
JUPITER FL 33478				JUPITER FL 33478				DO NOT WRITE IN THIS SPACE				
US				US					3. Date Incorporated or Qualified			
									03/10/1988			Ì
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		A	pplied For
21				26					65-0055987			ot Applicable
Suite, Apt. #, etc				Suite, Apt #, etc.					5. Certificate of Status Desired			Additional equired
City & State				City & State				6. Election Campaign Financing			May Be	
23				28				Trust Fund Contribution			to Fees	
Zφ	Country			Zφ		Country			8. This corporation owes or has p	aid the co		
24	24 25 25 29. Name and Address of Current I			29 30				Personal Property Tax due June 30.  Yes No				
			Current Hegis	tered Agent		B1	Name		10. Name and Address of New R	egistered	Agent	
SUNDAY, CYNTHIA M.							<u> </u>					
4951 S.W. 112TH AVE				82 Street Ad			Addre	ss (P.O. Box Number is Not Accepte	able)		·	
DAVIE FL 33330						83						
											11 7	
						84	City			FL	_  85   Zip	Code
11. Pursuant	to the provisi	ons of Sections 6	07.0502 and 6	07.1508, Florida St	atutes, t	the abov	e-named	corpo	ration submits this statement for the	purpose o	of changing i	ts registered
agent I a	ım familiar wi	th, and accept the	obligations o	f, Section 607.0505	, Florida	a Statute	s.	Joralio	it's board of directors. Friereby acce	spi ine ap	politiment as	registered
SIGNATURE						· · · · · ·						
12.	Signature, typicol	or profest rainer at regis	RS AND DIREC		(NOTE: Hos	13.	eni signature	required	when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	D DIRECTOR	RS IN 12
TITLE	PD			DELETE		1.1 TOTLE			7,22,110,10,0,1,11,0,20,10,0,1,1		Change	Addition
NAME	SUNDAY, OLLIN R.						1.2 NAME					i
STREET ADDRESS	STREET ADDRESS   16717 - 106 TERR., N.						1.3 STREET ADDRESS					
CITY-ST-ZIP							1.4 CITY-ST-ZIP			_		
TITLE	STD			☐ DELETE		21 TITLE					☐ Change	☐ Addition
NAME	SUNDAY, CYNTHIA M. 16717 - 106 TERR., N.						2.2 NAME					
STREET ADDRESS						2.3 STREET ADDRESS						
CITY-ST-ZIP TITLE	JUPITER FL			DELETE			2. 4 CITY - ST - ZIP 3.1 TITLE				Change	Addition
NAME						3.2 NAME					الم الم	
STREET ADDRESS					1	33 STREET	ADDRESS					1
						3.4. CITY-						V
TITLE		,		DELETE		4.1 TITLE					Change	Addition
NAME						4. 2 NAME						
STREET ADDRESS					ı	4.3 STREET	ADDRESS					Į
CITY - ST - ZIP		<del> </del>		- I bereat		4.4 CITY - S	ST-ZIP					
TITLE				☐ DELETE		5.1 TITLE					Change	Addition
NAME CTOCCT ADDOCCS					- 1	5.2 NAME	*DODECC					[
STREET ADDRESS						5.3 STREET	ļ					
CITY-ST-ZIP TITLE		-		DELETE		5.4 CITY-S 6.1 TITLE	11-24				Change	Addition
NAME					]	6.2 NAME					المارد سند	
STREET ADORESS					ſ	6.3 STREET	ADDRESS					
CITY-SI-7IP						64 CITY-S						

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 chapter 607, or on an attachment with an address.

561-747-4699