FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 4:08

DOCUMENT # K19961 (7)

1. Corporation Name
SUNARC, INCORPORATED

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
3709 W. HAMILTON AVE. #9 TAMPA FL 33614	3709 W. HAMILTON AVE. #9 TAMPA FL 33614

3. Date Incorporated or Qualified: 03/29/1988
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-2885323 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GOMEZ, GUILLERMO E.
3709 W. HAMILTON AVE. #9
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name: PATEL, JAYANT
82 Street Address (P.O. Box Number is Not Acceptable): 116 W. BOUGAINVILLEA AVE
83
84 City: TAMPA FL 85 Zip Code: 33612

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: JAYANT PATEL 1/16/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	PATEL, GHANSHYAM D.	12 NAME	
STREET ADDRESS	3709 W. HAMILTON AVE. #9	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33614	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	PATEL, RAVI	22 NAME	
STREET ADDRESS	3709 W. HAMILTON AVE. #9	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33614	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☒ Change ☐ Addition
NAME	PATEL, SHAROD	32 NAME	PATEL, SHARAD (TYPE CHANGE)
STREET ADDRESS	3709 W. HAMILTON AVE. #9	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33614	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	PATEL, JAYANT	42 NAME	
STREET ADDRESS	116 W. BOUGAINVILLEA	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33612	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 attached sheet, with my address.

SIGNATURE: 1/16/95 813-933-3324
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0207237 CP