

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

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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K 19961 (7) 1. Corporation Name SUNARC, INCORPORATED			
Principal Place of Business 3709 W. HAMILTON AVE #9 TAMPA, FL 33614		Mailing Address 3709 W. HAMILTON AVE #9 TAMPA, FL 33614	
2. Principal Place of Business 21. State, Apt. #, etc. 22. City & State 23. Zip 24. Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country 30.	
3. Date Incorporated or Qualified 03/29/1988		3a. Date of Last Report 01/31/1996	
4. FEI Number 59-2885323		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent PATEL, JAYANT 116 W. BOUGAINVILLEA AVE TAMPA, FL 33612		10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. 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 _____ DATE _____ (Signature of agent or printed name of registered agent and date if applicable) (NOTE: Registered Agent's signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP ☐ DELETE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition	
2. TITLE NAME STREET ADDRESS CITY, ST, ZIP ☐ DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition	
3. TITLE NAME STREET ADDRESS CITY, ST, ZIP ☐ DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition	
4. TITLE NAME STREET ADDRESS CITY, ST, ZIP ☐ DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition	
5. TITLE NAME STREET ADDRESS CITY, ST, ZIP ☐ DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition	
6. TITLE NAME STREET ADDRESS CITY, ST, ZIP ☐ DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition	
7. TITLE NAME STREET ADDRESS CITY, ST, ZIP ☐ DELETE		7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP ☐ Change ☐ Addition	
8. TITLE NAME STREET ADDRESS CITY, ST, ZIP ☐ DELETE		8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP ☐ Change ☐ Addition	
9. TITLE NAME STREET ADDRESS CITY, ST, ZIP ☐ DELETE		9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP ☐ Change ☐ Addition	
10. TITLE NAME STREET ADDRESS CITY, ST, ZIP ☐ DELETE		10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-ST-ZIP ☐ Change ☐ Addition	
11. TITLE NAME STREET ADDRESS CITY, ST, ZIP ☐ DELETE		11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-ST-ZIP ☐ Change ☐ Addition	
12. TITLE NAME STREET ADDRESS CITY, ST, ZIP ☐ DELETE		12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP ☐ Change ☐ Addition	
13. TITLE NAME STREET ADDRESS CITY, ST, ZIP ☐ DELETE		13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP ☐ Change ☐ Addition	
14. TITLE NAME STREET ADDRESS CITY, ST, ZIP ☐ DELETE		14.1 TITLE 14.2 NAME 14.3 STREET ADDRESS 14.4 CITY-ST-ZIP ☐ Change ☐ Addition	
14. I do 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 registered agent 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 amendment with an address.			
SIGNATURE: JAYANT M. PATEL		Date: 4/4/97 (813) 932-4381	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)

4/4/97