## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #

1. Corporation Name

**SIGNATURE:** 



## FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## FILED Aug 11, 1999 8:00 am Secretary of State

08-11-1999 90010 001 \*1,650.00

| SUNCO  | ast country clubs, inc   | )<br> -   |  |  |  |  |   |                |                                   |                                  |                   |  |
|--|--|---|--|--|--|--|---|----------------|-----------------------------------|----------------------------------|-------------------|--|
|  |  |   |  |  |  |  |   |                |                                   |                                  |                   |  |
| Daineland Blace  | of Burlings  | Mailing Address   |  |  |  |  | ( <b>811 - 130</b> ( 1 <b>8 18 18 18 18 18 18 18 18</b> |                |                                   |                                  |                   |  |
| Principal Place of Business  |  | Mailing Address   |  |  |  |  |   |                |                                   |                                  |                   |  |
| 5005 NEPTUNE WAY WEST TAMPA FL 33609   |  | 5005 NEPTUNE WAY WEST<br>TAMPA FL 33609   |  |  | `  |  |   |                |                                   |                                  |                   |  |
| US   |  | US  |  |  | DO NOT WRITE IN THIS SPACE   |  |   |                |                                   |                                  |                   |  |
| 1  |  |   |  |  |  | 3. Date Incorporated   | 3. Date Incorporated or Qualified                       |                |                                   |                                  |                   |  |
|  |  |   |  |  |  | 10/03/1989   |   |                |                                   |                                  |                   |  |
| 2. Principal PI  | ace of Business  | 2a. Mailing Address   |  |  |  | 4. FEI Number  |   |                |                                   | Applied Fo                       | r                 |  |
| 21   |  | 26  |  |  | 59-2970278   | 59-2970278   |   |                |                                   | able                             |                   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |  | \$8.75 Addi  |  |   |                |                                   | ıl İ                             |                   |  |
| 22   | The state of the s | 27  |  |  | 5. Certificate of Citati   |  |   | Fee I          | Required                          |                                  |                   |  |
| City & State   | •  | City & State  |  |  | 6. Election Campaig  | n Financing _  | _   |                | 🕽 May Be                          |                                  |                   |  |
| 23   |  | 28  |  |  |  | Trust Fund Contri  | bution L  |                | Adde                              | to Fees                          |                   |  |
| Zip  | Country  | Zip   | Cor  | untry  |  | 8. This corporation of   | -   | F1             | ı                                 | ٦                                |                   |  |
| 24   | 25   | 29  | 9 30   |  |  | intangible Personal Property. Yes No  10. Name and Address of New Registered Agent |   |                |                                   |                                  |                   |  |
|  | 9. Name and Address of Current   | Registered Agent  |  | <u> </u>   |  | 10. Name and Addre   | ess of New Regis  | tered A        | gent                              |                                  |                   |  |
| 3.00/  | EC IMPECO  |   |  | 81   | Name   |  |   |                |                                   |                                  |                   |  |
|  | ES, JAMES R  |   |  | 82   | Street Ad  | dress (P.O. Box Number is  | Not Acceptable)   |                |                                   |                                  |                   |  |
|  | 5 NEPTUNE WAY WEST   |   |  | $\Box$   |  |  |   |                |                                   |                                  |                   |  |
| IAN  | IPA FL 33609   |   |  | 83   |  |  |   |                |                                   |                                  | 1                 |  |
| Į<br>Į   |  |   |  | 84   | City   |  |   |                | 85 Zi                             | Code                             |                   |  |
| {  |  |   |  |  | •  |  |   | <u>FL</u>      | <u>L</u> .L                       |                                  |                   |  |
|  |  |   |  |  |  |  |   | a of abou      |                                   |                                  |                   |  |
| 11. Pursuant   | to the provisions of sections 607.0502   | and 607.1508, Florida Statut  | es, the at   | bove-na  | amed corp  | poration submits this statem   | ent for the purpos                                      | annoint        | nging its<br>ment as              | registered                       |                   |  |
| office or i  | to the provisions of sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obliga   | of Florida. Such change was   | authorize  | ed by th   | amed corpora   | poration submits this statem<br>ation's board of directors. I                      | nent for the purpos<br>hereby accept the                | appoint        | ment as                           | registered                       |                   |  |
| office or i<br>agent. I a  | registered agent, or both, in the State  | of Florida. Such change was   | authorize  | ed by th   | amed corpora   | poration submits this statem<br>ation's board of directors. I                      | nent for the purpos<br>hereby accept the                | appoint        | ment as                           | registered                       |                   |  |
| office or i  | registered agent, or both, in the State<br>am familiar with, and accept the obliga<br>Signature, typed or printed name of registered agent   | of Florida. Such change was tions of, section 607.0505, Fl  | authorize<br>orida Sta   | ed by the  | ne corpora   | ation's board of directors. I  | nereby accept the                                       | DATE           | ment as                           |                                  | - G               |  |
| office or agent. I a   | registered agent, or both, in the State<br>am familiar with, and accept the obliga<br>Signature, typed or printed name of registered agent<br>OFFICERS ANI   | of Florida. Such change was titions of, section 607.0505, Fl  | authorize<br>orida Sta<br>OTE: Regist  | ed by in   | nt signature i   | required when reinstating)  ADDITIONS/CHAN   | IGES TO OFFICE  | DATE<br>RS AND | DIREC                             | ORS IN 1                         | 2 (500)           |  |
| office or agent. I a   | registered agent, or both, in the State am familiar with, and accept the obligation of the state agent of th | of Florida. Such change was tions of, section 607.0505, Fl  | orida Sta  OTE: Regist  13.  | ed by the atutes.  | nt signature i   | required when reinstating)  ADDITIONS/CHAN   | IGES TO OFFICE  | DATE<br>RS AND | DIREC                             | ORS IN 1                         | lition   🛎        |  |
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| office or agent. Le SIGNATURE .  12. TITLE NAME . STREET ADDRESS . CITY-ST-ZIP . TITLE NAME . STREET ADORESS . CITY-ST-ZIP . TITLE . NAME . STREET ADDRESS . CITY-ST-ZIP . TITLE . NAME . STREET ADDRESS . CITY-ST-ZIP . STREET ADDRESS . CITY-ST-ZIP .  | registered agent, or both, in the State am familiar with, and accept the obliga Signature, typed or printed name of registered agent OFFICERS ANI VD MIKES, JAMES R. 5005 NEPTUNE WAY TAMPA FL 33609 PD HAMILTON, DEBORAH 491 S. PENNSYEVANIA AVENUATION ACCEPTANIA ACCE | of Florida. Such change was titions of, section 607.0505, FI and title if applicable. (ND DIRECTORS DELETE DELETE DELETE DELETE               | authorize orida Sta    OTE: Regist   13.   1.1 T   1.2 N   1.3 S   1.4 C   2.1 T   2.2 N   2.3 S   2.4 C   3.1 T   3.2 N   3.3 S   3.4 C   4.1 T   4.2 N   4.3 S   4.4 C   5.1 T   5.1 | TITLE  JAME STREET AD  CITY-ST-ZI  TITLE  JAME  STREET AD  CITY-ST-ZI  TITLE  JAME  STREET AD  CITY-ST-ZI  TITLE  JAME  STREET AD  CITY-ST-ZI  TITLE  JAME  STREET AD  CITY-ST-ZI  TITLE  JAME  STREET AD  CITY-ST-ZI  TITLE  JAME  STREET AD  CITY-ST-ZI  TITLE  JAME  STREET AD  CITY-ST-ZI  TITLE  JAME  STREET AD  CITY-ST-ZI  TITLE  JAME  STREET AD  CITY-ST-ZI  TITLE  JAME  STREET AD  CITY-ST-ZI  TITLE  JAME  STREET AD  CITY-ST-ZI  TITLE  JAME  STREET AD  CITY-ST-ZI  TITLE   | nt signature in si | required when reinstating)  ADDITIONS/CHAN  PLES/DE UT)  AND                       | IGES TO OFFICE  SECRETA  TREASUR                        | OATE RS AND    | Change Change Change              | TORS IN 1  Add  FICE  Add        | dition            |  |
| office or agent. I a signature.  SIGNATURE.  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | registered agent, or both, in the State am familiar with, and accept the obliga Signature, typed or printed name of registered agent OFFICERS ANI VD MIKES, JAMES R. 5005 NEPTUNE WAY TAMPA FL 33609 PD HAMILTON, DEBORAH 491 S. PENNSYLVANIA AVENU WINTER PARK FL 32789   | of Florida. Such change was titions of, section 607.0505, FI and title if applicable. (ND DIRECTORS DELETE DELETE DELETE DELETE               | authorize orida Sta   OTE: Regist   13.   1.1 T   1.2 N   1.3 S   1.4 C   2.1 T   2.2 N   2.3 S   2.4 C   3.1 T   3.2 N   3.4 C   4.1 T   4.2 N   4.3 S   4.4 C   5.1 T   5.2 N  | TITLE  JAME STREET AD  CITY-ST-ZI  TITLE   | nt signature in si | required when reinstating)  ADDITIONS/CHAN  PLES/DE UT)  AND                       | IGES TO OFFICE  SECRETA  TREASUR                        | OATE RS AND    | Change Change Change              | TORS IN 1  Add  FICE  Add        | dition            |  |
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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 chapted, or on an attachment with an address.

MIKES