

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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90065 034 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **L41345**

1. Corporation Name  
**SUN GUARD, INC.**



Principal Place of Business  
 % GEORGE HERNANDEZ  
 4396 NICIA WAY  
 GREENACRES FL 33463

Mailing Address  
 % GEORGE HERNANDEZ  
 4396 NICIA WAY  
 GREENACRES FL 33463

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/05/1990**

2. Principal Place of Business  
 21 **365 BOLD LIGHTHOUSE CIRCUIS**

2a. Mailing Address  
 26 **P.O. BOX 540-366**

4. FEI Number  
**65-0164334** Applied For Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

23 City & State  
**WELINGTON FL**

28 City & State  
**LOKE WORTH FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

24 Zip **33414-8243** Country **P. Beach**

29 Zip **33454-0366** Country **P. Beach**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**HERNANDEZ, GEORGE**  
**4396 NICIA WAY**  
**GREENACRES FL 33463**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HERNANDEZ, JORGE</b>
STREET ADDRESS	<b>4396 NICIA WAY</b>
CITY-ST-ZIP	<b>GREENACRES FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HERNANDEZ, SANDRA</b>
STREET ADDRESS	<b>4396 NICIA WAY</b>
CITY-ST-ZIP	<b>GREENACRES FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** APRIL 12-1999 (561) 333 0800

CR 9034 (11/98)