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PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L71596

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FILED
Apr 21 1998 8:00am
Secretary of State

SUNSE	et enterprises of Napli	ES, INC.			ION AND AND AND AND AND
Principal Plac	ce of Business	Mailing Address			IDII DIBII BIBII BIBII BIBII (CDI
C/O RONALD F. SUMMERS 5780 12TH AVENUE S.W. NAPLES FL 34116 US		C/O RONALD F. SUMMERS 5780 12TH AVENUE S.W. NAPLES FL 34116 US		DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified	
2. Principal F	Place of Business	2a. Mailing Address		05/07/1990 4. FEI Number	Applied For
21		26		65-0287673	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		<b>J.</b> 667 Market <b>J.</b>	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
<b>23</b> Zip	Country	7p	Country	Trust Fund Contribution  8. This corporation owes or has paid the	Added to Fees
24	25		30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Currer		<u> </u>	10. Name and Address of New Registers	
SUMMERS, RONALD F. 81 Name					
5790 12TH AVENUE S.W.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
NAPLES FL 34116					
			83		
1			84 City		85 Zip Code
				F	' <b>L</b>
	to the provisions of sections 607,050 registered agent, or both, in the State am familiar with, and accept the obligation.	iz and 607 1508, Florida Statute i of Florida. Such change was at ations of, Section 607.0505, Flor	s, the above-named corputation of the corporal corporation corp	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	e of changing its registered appointment as registered
SIGNATURE	Signature, byped or printed name of registered age	ent and little if Applicable (NOTE	Registered Agent signature requi	red when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·
12.	<del></del>	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	SUMMERS, RONALD F.		1.2 NAME		
STREET ADDRESS	5790 12TH AVENUE S.W.		1.3 STREET ADDRESS		ļi
CITY-ST-ZIP	NAPLES FL 34116	DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE	VP CHANCOC CORECTA		2.1 TITLE		Change Changon L
NAME ORDER LIDEOUGE	SUMMERS, ROBERTA 5790 12TH AVENUE S.W.		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 33999 34116 S	DELETE	2.4 CITY-ST-ZIP 3.1 TiTLE		Change Addition
NAME	MARKER, PATRICIA H		3.2 NAME		
STREET ADDRESS	3821 4TH AVE SE		3 3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34117		34. CITY-ST-ZIP		
TITLE	1	DELETE	41 TITLE		Change Addition
NAME	SUMMERS, ROBERTA R		4. 2 NAME		
STREET ADORESS	5790 12TH AVE. SW		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34116		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	1	☐ DEL€ TE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	}		63 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		6.4 CITY-ST-ZIP		

II. Thereby 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 without address.

SIGNATURE: Volterfa Sermmen

4/5/98 (941)435-1802