FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L86699** **(0)**

1. Corporation Name

SUNTACC AND COMPANY, INC.

Principal Place of Business	Mailing Address
ULLMAN, SAMUEL C. C/O KELLEY DRYE & WARREN 201 S. BISCAYNE BLVD., STE 2400 MIAMI FL 33131 US	ULLMAN, SAMUEL C. C/O KELLEY DRYE & WARREN 201 S. BISCAYNE BLVD., STE. 2400 MIAMI FL 33131 US

2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30

3. Date Incorporated or Qualified: **07/12/1990**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0206839** ☐ 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

ULLMAN, SAMUEL C.
201 SOUTH BISCAYNE BOULEVARD
SUITE 2400
MIAMI FL 33131

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: Signature, typed or printed name of registered agent, and date required. (NOTE: If changing Registered Agent, Registered Agent must sign.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	INOUE, YUKIHISA		1.2 NAME		
STREET ADDRESS	18 UMENOKICHO, SHIMOGAMO		1.3 STREET ADDRESS		
CITY-ST-ZIP	KYOTO, JAPAN		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	INOUE, YUMIKO		2.2 NAME		
STREET ADDRESS	18 UMENOKICHO, SHIMOGAMO		2.3 STREET ADDRESS		
CITY-ST-ZIP	KYOTO, JAPAN		2.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ISHIHARA, KAYOKO		3.2 NAME		
STREET ADDRESS	3-78 YOBITSUGI-CHO		3.3 STREET ADDRESS		
CITY-ST-ZIP	AICHI, JAPAN		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SANDERS, JAMES		4.2 NAME		
STREET ADDRESS	137 DOUGLASS ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	COOKE, STANLEY		5.2 NAME		
STREET ADDRESS	5 RYEWOOD CIR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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.

SIGNATURE: James T. Sanders Sr. V.P. 4/19/96 (904) 754-0322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

James T. Sanders