CR2E034 (11/98)

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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # L96733



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90013 026 ***150.00

SUNTAL	INC.							A BINII HABAR HUBA		ERI ARAK I	IKEKI PI	OK 8:06:108:		
	_													
Principal Place	e of Business	Mailing Address					1 4811411 414 1611	• =:::: : • = • · · · · · · ·				#17 010 11 1001		
OUAIL RIDGE G 12830 SHADY F	HLLS ROAD	QUAIL RIDGE GOLF & C.C. 12830 SHADY HILLS ROAD					NOT MOTE	IA) TL IC	SDACE					
SPRING HILL FL 34610		SPRING HILL FL 34610 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified									
US		05					08/27/1990	or Quained						
2. Principal Pl	lace of Business	2a. Mailing Address					FEI Number				+	lied For		
21		26	_			_	<u>59-3028590</u>			60 -		Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5.	Certifcate of Status	Desired [J 	\$8.75 Additional Fee Required				
City & State	e	City & State				6.	Election Campaign	Financing _F	_	\$ 5.	1 00.	/lay Be		
23		Zip Country				Trust Fund Contrib	ution	س 	Add	ded to	Fees			
Zip	Cour try					8.	This corporation ov	ves the current	year nta		,	- 1		
24	25	29	30				Persor at Property			☐ Yes	l	JNo		
	9. Name and Address of Current	Registered Agent		31		10.	Name and Addres	ss of New Reg	isterea	agent				
MEN	RDAD, DARVISH		0	''	Name									
	O SHADY HILLS ROAD		8	32	Street Ac dr	ress (P.	O. Box Number is	Not Acceptable	∍)					
SPRING HILL FL 34610			-											
- Srni	ING FILL I E STOTO		la	33										
			8	34	City				FL	85	Zip C	ode		
<u> </u>	to the provisions of Sections 607.0502	1 007 4500 Flacida Octob				aration	submits this states	nent for the nu		changin	o ite r			
11. Pursuant	to the provisions of Scittons 607,0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	and 607.1506, Florida Statut f Florida. Such change was a	uthorized b	by th	e corporation	on's bo	ard of cirectors. I h	ereby accept the	ne aproir	tment a	as reg	stered		
agent. I ai	m familiar with, and accept the obligati	ons of, Section 607,0505, Flo	rida Statute	es.		1	71 04							
SIGNATUFE	Signature, typed or printed na ne of registered agent	A CHARLES OF THE CANADA	- Registered Ar	nent s	ignature require	ed when re	$\frac{\sqrt{\alpha}}{2}$		DATE					
12.	OFFICERS AND		13.		gridadio toquino		ADDITIONS/CHANG	GES TO OFFIC	ERS AN	D DIRE	СТОР	S IN 12		
TITLE	V	☐ DELETE	1.1 TITLE	E						☐ Cha	nge	Addition		
NAME	MARLOWE, MICHAEL L.		1 2 NAMI	12 NAME										
STREET ADDRESS	1031 W MORSE BLVD #105		1.3 STRE	1.3 STREET ADDRES										
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-S		ZIP									
TITLE	P	☐ DELETE	2.1 TITLE	2.1 TITLE			<u></u>			☐ Cha	nge	☐ Addition		
NAME	SOHEILY, MICHAEL, B (DR)		2.2 NAM	2.2 NAME										
STREET ADDRESS	GERTRUDSTRASSE 48		2.3 STRE	2.3 STREET ADDRESS										
CITY-ST-ZIP	ZURICH, SWITZERLAND		2.4 CITY	2. 4 CITY-ST-ZIP										
TITLE	S	☐ DELETE	3.1 TITLE	3.1 TITLE						☐ Cha	inge	Addition		
NAME	DARVISH, MEHROAD		3.2 NAM	3.2 NAME										
STREET ADDRESS	12830 SHADY HILLS ROAD		3.3 STRE	3.3 STREET ADDRESS										
CITY-ST-ZIP	SPRING HILL FL 34610		3.4. CITY	3.4. CITY-ST-ZIP										
TITLE		☐ DELETE	4.1 TITLE	4.1 TITLE						Cha	nge	☐ Addition		
NAME			4. 2 NAM	Æ										
STREET ADDRE 3S			43 STRE	EETA	DDRESS									
CITY-ST-ZIP			4.4 CITY	4.4 CITY-ST-ZIP										
TITLE		☐ DELETE		5.1 TITLE						☐ Cha	inge	Addition		
NAME			5.2 NAM											
STREET ADDRESS					DDRESS									
CITY-ST-ZIP				5.4 CITY-ST-ZIP								A Just.		
TITLE		☐ DELETE	6.1 TITLE							☐ Cha	inge	Addition		
NAME			6.2 NAM											
STREET ADDRESS			6.3 STR	EET A	DDRESS									

64 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify fir 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 recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or an attachment with an address, with all other like empowered.

SIGNATURE:

4-21-99

Daytime Phone #