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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M64452 1. Corporation Name

SUN ASSOCIATES, LTD., INC.

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Principal Place		Ma	iling Address				- 1 (80)001) (18 8)11) 010)	ANN HAN AND IN		B\$O(1 DIB) 1001
8635 S. E. C-25			8635 S. E. C-25							
P. O. BOX 3157			P. O. BOX 3157							
BELLEVIEW FL 34421		BEL	BELLEVIEW FL 34421				DO NOT WRITE IN THIS SPACE			
US		US	U\$				3. Date Incorporated or Qualifer	i		
		•	·				01/11/1988			
2. Principal Pl	lace of Business	2a.	Mailing Address				4. FEI Number			plied For
21	·	26					65-0038239			t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
22		27	100			.,			Fee Re	<u> </u>
City & State		L,	City & State				6. Election Campaign Financing	' _□	\$5.00	•
23		28					Trust Fund Contribution		Added t	to Fees
Zip	Country	\Box	Zip	$\overline{}$	untry		8. This corporation owes the cu	rrent year Int		
24	25	29		30			Personal Property Tax.		✓ Yes	□No
	9. Name and Address of Curre		ered Agent		-		10. Name and Address of New	Registered	Agent	,
4455	THE CAROL	Trains			81	Name				
SUN 8635	THE, CAROL 5 S. E. C-25				82	Street Addr	ress (P.O. Box Number is Not Accep	table)	: : : : : : : : : : : : : : : : : : : :	2917113 (41.06.1 1.06.2)
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					84	City		FI	85 Zip (Code
RE agent La	egistered agent, or both, in the State m familiar with, and accept the obligation	ations of.	CANNAGO OF CH	orida Stat	tutoe					
SIGNATURE	Signature, typed or printed name of registered age	(35)				•	ad when reinstating) } . {	DATE		
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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 changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 04, 1999 8:00am

Secretary of State

02-04-1999 90013 013 ***150.00