

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M68352** (7)

1. Corporation Name

SUNFLOR CORP., INC.



Principal Place of Business

% **RUDOLPH G. SWOBODA**
3035 - 5TH AVENUE NORTH
ST. PETERSBURG FL 33713

Mailing Address

% **RUDOLPH G. SWOBODA**
3035 - 5TH AVENUE NORTH
ST. PETERSBURG FL 33713

2. Principal Place of Business

21 **14115-63rd Way North**

Suite, Apt. #, etc.

22

City & State

23 **CLEARWATER, FL.**

Zip

24 **34620**

Country

25 **Pinellas**

2a. Mailing Address

26 **14115-63rd Way North**

Suite, Apt. #, etc.

27

City & State

28 **CLEARWATER, FL.**

Zip

29 **34620**

Country

30 **Pinellas**

3. Date Incorporated or Qualified

02/16/1988

3a. Date of Last Report

03/22/1995

4. FEI Number

59-2877976

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

SWOBODA, RUDOLF G.
3035 5TH AVE. NORTH
ST. PETERSBURG FL 33713

10. Name and Address of ~~New~~ Registered Agent

81 Name

SWOBODA, Rudolf G.

82 Street Address (P.O. Box Number is Not Acceptable)

6348-6th Ave North

83

84 City

St. Petersburg

FL

85 Zip Code

33710

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

Rudolf G. Swoboda, VP, 04-24-96

Signature typed or printed name of registered agent and filer (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**
LIEBMAN, DEOBRAH K.
STREET ADDRESS **5 CORNWELL ST**
CITY-ST-ZIP **POUGHQUAG NY**

TITLE ☐ DELETE

NAME **DST**
SCHOEPS, DANIELA G.
STREET ADDRESS **30 MOERIKESTRASSE**
CITY-ST-ZIP **AIDUNGEN, GE**

TITLE ☐ DELETE

NAME **DV**
SCHOEPS, OLIVER F.
STREET ADDRESS **144 MARION OAKS GOLF WAY**
CITY-ST-ZIP **OCALA FL**

TITLE ☐ DELETE

NAME **V**
SWOBODA, RUDOLF G.
STREET ADDRESS **3035 FIFTH AVE N**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Deborah K. Liebmann

Deborah K. Liebmann, P/D 04-26-96 / 914-223-3746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)