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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

7

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90168 019 ***150.00

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DOC	JMENT	# 1	M76434

Corporation Name
 SUNDANCE GROVES, INC.

	e of Business	Mailing Address						-	
505,66TH:AVE::	S.W. (32962)	505 66TH AVE S.W. (32962							
P.O. BOX 2488		P.O. BOX 2488			}	OO NOT WOL	C 151 7140	CDACE	
VERO BEACH FL 32961		VERO BEACH FL 32961		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
					1 **				
					04/13/1988			— т	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number				Applied For
21		26			65-0055248	5			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of St	atus Desired			5 Additional
22		27]	·						Required
City & State	e	City & State			6. Election Campa	aign Financing	□		May Be
23		28]			Trust Fund Cor	ntribution		Adde	d to Fees
Zip	Country	Zip	Country	•	8. This corporation	n owes the curre	ent year Inta		1
24	25	29	30		Personal Prope			∐ Yes_	ZNo
	9. Name and Address of Curre	nt Registered Agent		, 	10. Name and Ad	dress of New R	egistered A	Agent	
			81	Name					
	BETH, SCOTT		82	Street Add	ress (P.O. Box Numbe	r is Not Accepta	ble)		
	5 46TH AVE		92	Gileet Addi	I CO. DON HUMOU	10 1101 11000 110	2.0,		
VER(O BEACH FL 32966		83						
			<u> </u>					11 -	
			84	City			Fì	85 Z	ip Code
44 (0)	to the provisions of Sections 607.05	02 and 607 1508 Florida Statute	s the above	e-named corn	noration submits this st	atement for the	purpose of o	changing	its registered
11. Pursuant t	to the provisions of Sections 607.050 egistered agent, or both, in the State	oz and dor. 1506, Florida Otatok	os, uio abovi	Aba a a a a a a a a a a a a a a a a a a	and the state of the state of	Liberativerses	t-the appoir	tment as	registered
TO TO THE	egistered agent, or both, in the otate	FOI FIORIDA: OUGH CHAINGO WAS A	Junonzeu by	.tue.corboram	ion a board or directors	ir i lieleny accep			
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agent. I ar	m familiar with, and accept the oblig-	ent and title if applicable. (NOTE:	Registered Agei	·	ed when reinstating)		DATE		TORE IN 12
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I hereby certify that the information/supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Fiding statutes. I little the composition of supplier exital anytograph 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 of 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 option attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/9-4 561-562-4502 Data Daytime Phone #