

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000004576

1. Corporation Name

SUNRA, INC.

Principal Place of Business

1781 PARK CENTER DRIVE
ORLANDO FL 32835

Mailing Address

1781 PARK CENTER DRIVE
ORLANDO FL 32835

07/29/98 PM 1:01

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/29/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		Applied For	
24 Country		29 Country		☒ 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	

9. Name and Address of Current Registered Agent

COHEN, ANN
1781 PARK CENTER DRIVE
ORLANDO FL 32835

10. Name and Address of New Registered Agent

81 Name	ET Corporation System
82 Street Address (P.O. Box Number is Not Acceptable)	1200 South Pine Island
83	
84 City	Plantation FL 85 Zip Code 33324

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

BABARA A. BURKE

SPECIAL ASSISTANT SECRETARY

5-16-99

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D.	☒ DELETE		1.1 TITLE	Director and President	☒ Change	☒ Addition
NAME	FREY, CHARLES C			1.2 NAME	L. Steven Miller		
STREET ADDRESS	1781 PARK CENTER DRIVE			1.3 STREET ADDRESS	1781 Park Center Drive		
CITY-ST-ZIP	ORLANDO FL 32835			1.4 CITY-ST-ZIP	Orlando, FL 32835		
TITLE	D.	☒ DELETE		2.1 TITLE	Director and Secretary	☒ Change	☒ Addition
NAME	GIANNONI, GENEVIEVE			2.2 NAME	Thomas A. Bell		
STREET ADDRESS	1781 PARK CENTER DRIVE			2.3 STREET ADDRESS	1781 Park Center Drive		
CITY-ST-ZIP	ORLANDO FL 32835			2.4 CITY-ST-ZIP	Orlando, FL 32835		
TITLE	D.	☒ DELETE		3.1 TITLE	Director and Treasurer	☒ Change	☒ Addition
NAME	COHEN, ANN			3.2 NAME	Richard Goodman		
STREET ADDRESS	1781 PARK CENTER DRIVE			3.3 STREET ADDRESS	1781 Park Center Drive		
CITY-ST-ZIP	ORLANDO FL 32835			3.4 CITY-ST-ZIP	Orlando, FL 32835		
TITLE		☐ DELETE		4.1 TITLE		☐ Change	☐ Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE		☐ Change	☐ Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				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			

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 its receiver or trustee empowered to execute this report as required by Chapter 617, 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.

SIGNATURE: Thomas A. Bell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas A. Bell

4/15/99 (407) 532-1000

Daytime Phone #

CR2E037 (1/98)