


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90055 021 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000046397**

1. Corporation Name  
**MARISUN, INC.**

Principal Place of Business 4144 GINGOLD ST. PT. CHARLOTTE FL 33948 US	Mailing Address 4144 GINGOLD ST. PT. CHARLOTTE FL 33948 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified <b>06/24/1993</b>	
21. <b>10381 Tamiami Tr.</b>	26. <b>10381 Tamiami Trail</b>	4. FEI Number <b>65-0442619</b>		Applied For <input type="checkbox"/> Not Applicable	
22. Suite, Apt. #, etc. <b>Unit 7</b>	27. Suite, Apt. #, etc. <b>Unit 7</b>	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. City & State <b>Punta Gorda FL</b>	28. City & State <b>Punta Gorda, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Zip <b>33950</b> Country <b>USA</b>	29. Zip <b>33950</b> Country <b>USA</b>	30. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**GRANDIA, JOHANNES**  
 4144 GINGOLD STREET  
 PT. CHARLOTTE FL 33948

10. Name and Address of New Registered Agent

81 Name **Stephan B. Widmeyer**  
 82 Street Address (P.O. Box Number is Not Acceptable) **3871-A Tamiami Trail**  
 83  
 84 City **Port Charlotte** FL 85 Zip Code **33952**

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 *Stephan B. Widmeyer* DATE **2-9-99**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VPSD	<input checked="" type="checkbox"/> DELETE
NAME	GRANDIA, JOHANNES	
STREET ADDRESS	4144 GINGOLD ST.	
CITY-ST-ZIP	PT. CHARLOTTE FL 33948	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<del>President</del> <b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>JEFFREY T. McMASTER</b>	
1.3 STREET ADDRESS	<b>10381 Tamiami Trail Unit 7</b>	
1.4 CITY-ST-ZIP	<b>Punta Gorda, FL 33950</b>	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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.

SIGNATURE: *JEFFREY T. McMASTER* DATE **4-28-99** DAYTIME PHONE # **941-575-1115**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)