**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000066458

1. Corporation Name

SOUTHERN SUN ENTERPRISES, INC.

Principal Place of Business Mailing Address						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
4600 SHERIDAN STREET 4600 SHERIDAN STREET								
STE 200 STE 200								
		HOLLYWOOD FL 33021			DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Qualifed			
	•				09/20/1993			
2. Principal Pl	ace of Business .	2a. Mailing Address			4. FEI Number	App	lied For	
21		26			65-0437428	Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		- 0 if 1 40(4 B-1-1	\$8.75 Addition			
22		27	- نب	* *	5. Certificate of Status Desired	Fee Rec	quired	
City & State		City & State			6. Election Campaign Financing	\$5.00 1	May Re	
<b>—</b> ,	•	28			Trust Fund Contribution	Added to	•	
23   Zip	Country Zip Co				8. This corporation owes the current year Intangible			
<b>—</b> ·	25	29 30	~ ·		Personal Property Tax.		□No	
24				·-	10. Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent				Name	10, Teamo and Francisco Control Cognition			
HAYSON, RUSSELL M				140				
3860 SHERIDAN ST				82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 300			83	1				
HOLLYWOOD FL 33021			84	City	FL 85 Zip Code			
44 Disease	to the associations of Spotions 507 050	2 and 607 1509 Elorida Statutes	the abov	named.cor	poration submits this statement for the purpose		registered	
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	norized by	the corporal	tion's board of directors. I hereby accept the app	ointment as reg	istered	
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Age				t signature required when reinstating)  DATE  DATE				
12.			13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	PD DELETE 1		1,1 TITLE	•		☐ Change	☐ Addition	
NAME	HARTLEY, JAMES M		1.2 NAME					
STREET ADDRESS	4600 SHERIDAN ST STE 200		1.3 STREE	TADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-S	T-ZIP				
TITLE			2.1 TITLE			☐ Change	☐ Addition	
NAME	WILT, WAYNE E		2.2 NAME					
STREET ADDRESS	4600 SHERIDAN ST STE 200		2.3 STREET ADDRESS				1	
	HOLLYWOOD FL		2. 4 CITY-ST-ZIP					
CITY-ST-ZIP	DELETE		3.1 TITLE			Change	Addition	
TITLE		F	3.2 NAME	}				
NAME	•			* * * * * * * * * * * * * * * * * * * *			}	
STREET ADDRESS.				TADDRESS				
CITY-ST-ZIP		C per rec	3.4. CITY-8	ST-ZIP		Change	Addition	
TITLE		☐ DELETE	4.1 TITLE			1 Citalide	☐ Vagagon	
NAME			4.2 NAME	ı			1	

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.

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

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STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TΠE

NAME

TITLE

NAME

□ DELETE

DELETE

☐ Change

Change

Addition

☐ Addition

**FILED** 

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90211 009 \*\*\*150.00