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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000073100 (8)

Country

9. Name and Address of Current Registered Agent

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MCLEAN, ALISON

SUNNY TOO, INC.

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1902	TIGE	RTA	IL I	BLV)
DAN	A FL	330	04		

Suite, Apt. #, etc

City & State

Zip

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Principal Place of Business

2. Principal Place of Business

Mailing Address

3800 NE 2ND AVE MIAMI FL 33137

2a. Mailing Address

City & State

Suite, Apt. #, etc.

U\$

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28] Zip

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FILED Jul 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ No

Yes

Not Applicable

3. Date Incorporated or Qualified

10/20/1993

65-0450500

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4, FEI Number

4066 MALAGA AVENUE COODNUT GROVE FL 33133					Street Address (P.O. Box Number is Not Acceptable)						
					- CAMPANA - CAMP	1 -					
					FL	85 Zip (
11. Pursuant to the provibing of Sextings 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered about 10 Holly 17 Holly 18 Legistered agent. I am familiar with this scale 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 this scale of the purpose of changing its registered agent. I am familiar with this scale of the purpose of changing its registered agent. I am familiar with this scale of the purpose of changing its registered of the purpose of the purpose of changing its registered of the purpose of changing its registered of the purpose of the purpose of changing its registered of the purpose of changing its registered of the purpose of the purpose of changing its registered of the purpose of changing its registered of the purpose of the purpose of changing its registered of the purpose of changing its registered of the											
SIGNATURE Signature: types of righted nertical registrated agent and title if epiplicable (NO1E: Registered Agent signature required when reinstating) PATE											
12.		OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITL€	PSO 1	☐ DELETE	1.1 TITLE			☐ Change	Addition				
NAME	MCLEAN, ALISON		1.2 NAME								
STREET ADDRESS	S 3800 NE SECOND AVE			ADDRESS							
CITY-ST-ZIP	MIAMI FL 33137		1.4 CITY - S	T-ZIP							
TITLE	D	DELETE	2.1 TITLE			Change	Addition				
NAME	MULLER, CHRIS		2.2 NAME								
STREET ADDRESS	s 6301 SW SHORE BLVD #1206			ADDRESS			į				
CITY-\$T-ZIP	TAMPA FL 33616	/	2. 4 CHTY - S	31 - 7(P							
TITLE	VP	DELETE	3.1 TITLE			☐ Change	Addition				
NAME	DOWD, MICHAEL		3.2 NAME				į				
STREET ADDRESS	4576 S.W. 26TH TERR	,	3.3 STREET	ADDRESS			i				
CITY ST - ZIP			3.4. CITY - 5	ST - ZIP							
TITLE	1	DELETE	4.1 TITLE			Change	☐ Addition				
NAME	Martinez, adrian		4. 2 NAME								
STREET ADDRESS	13961 S.W. 43RD ST.		4.3 STREET	ADDRESS			1				
CITY-ST-ZIP	MIAMI FL 33137		4.4 CITY - S	T - 7IP							
TITLE	D	DELETE	5 1 TITLE			Change	☐ Addition				
NAME	JENKINS, DENNIS		5.2 NAME	ļ							
STREET ADDRESS	4066 MALAGA AVE.		53 STREET	ADDRESS							
CITY-ST-ZIP	COCONUT GROVE FL 33133		5 4 CITY-S	I - ZIP							
TITLE		DELETE	61 TITLE			☐ Change	Addition				
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREET	ADDRESS							
CITY+ST-ZIP			6.4 CiTY-S	T - ZIP							
14. Thereby 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 porporation 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 13/1 (1) (1) (2) (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4											

MITERI

Country

B1 Name

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