FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT #	P94000001647	(4)
 Corporation Name 		
SUNDEK BY SUNCO	AST DECKING, INC.	



								01/01/199 4		, ·	זו וכו וסל	703	
2. Principal Place of Business				Mailing Addres	s			4. FEI Number 65-0496526				Applied For Not Applicable)
21 5	Suite, Apt. #, etc.		26]	Suite, Apt. #. 6	eto.			5. Certificate of Status	Desired .			5 Additional Required	
22	Dity & State		27]	City & State				6. Election Campaign Trust Fund Contribu				00 May Be led to Fees	
23	2ip	Country 25	28	Z ₁ ;1	Cour 30	itry		This corporation hat Elonida Statutes Name and Addre	Yes	i □ No		s 199.032,	
	9. Name KOLOSKI, CHRIS 2106 WORRINGTO SARASOTA FL 34	R ON ST.	rrent Regis	tered Agent		81 82 83 84	Name Street Addre	10. Name and Addre		_		Zip Code	

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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

	región days ará trotaga ab ara FEICERS AND DIRECTORS	12 Registered April Septiation incorrect	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
- TO	DELETE	t * TillE	Charge Acdition
VOLOGEL DANIEL		1.2 NAME	
ANNA PROMINING		13 STREET ADDRESS	
CADACOTA FI		14 CITY - ST ZIP	Change Addits
Y-ST-ZIP SANASOTA IL	DELETE	2 1 11/15	Change Additor
ME		2.2 NAME	
		2.3 STREET ADDRESS	
REET ADDRESS	_	2 4 GH r · St. ZIF	Change Additi
Y-SI-ZIP LE	☐ DELETE	3 1 Tille	C Change C Face
ME		3.2 NAME	
REFT ADDRESS		3.3 STREET ADDRESS	
TY-ST-ZIP		3.4 CFY - S* - 7-P	Change Additi
TLE	☐ DELETE	4 1 TULF	
SME		4.2 NAME	
REE1 ADDRESS		4.3 STREET ADDRESS	
TY-ST-ZIP		4.4 CITY - 51 - ZIP	Change Add-t
TUF	DELETE	5 1 1/11 E	
AME		5.2 NAME	
IREET ADDRESS		5 3 STHEET ADDRESS	
ITY - S1 - ZIP		5 4 (+TY + ST + 71f*	Change Addi
TLE	☐ DELE1€	6 1 TITLE	
AME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY - ST - ZIP	for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furth

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplementar annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an efficier or director of the couporation or the receiper an flusted enulsowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 3 if changed, or of an attackment little address.

SIGNATURE:

SENATURE AND TYPED OFFICIATION NAME OF SIGNING OFFICER OR DIRECTOR

OFFICER OR DIRECTOR