

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

FILED

98 NOV 10 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000023929

1. Corporation Name

SUNDELL CORP.

Principal Place of Business

10198 NW 47th Street  
Sunrise, FL 33551

Mailing Address

P.O. Box 26293  
Tamarac, FL 33320

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

97-28

3. Date Incorporated or Qualified

3/29/94

4. FEI Number

65-0477971

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 10198 NW 47th Street

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 26293

Suite, Apt. #, etc.

22 City & State

23 Sunrise, FL

24 Zip 33551

Country US

27 City & State

28 Tamarac, FL

29 Zip 33320

Country US

9. Name and Address of Current Registered Agent

LANE, PAUL J  
C/O COVEN & LANE, P.A.  
5310 N.W. 33rd Avenue, #100  
Ft. Lauderdale, Florida 33309

10. Name and Address of New Registered Agent

81 Name

Joseph F. DelNuovo

82 Street Address (P.O. Box Number is Not Acceptable)

7320 NW 35th Street

83

84 City

Lauderhill

FL

85 Zip Code

33319

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

Joseph F. DelNuovo

11/9/98

Typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE

Pres/Sec

☐ DELETE

NAME

Joseph F. DelNuovo

STREET ADDRESS

10198 NW 47th Street

CITY-ST-ZIP

Sunrise, FL 33551

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change

☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

☐ Change

☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

☐ Change

☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

☐ Change

☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

☐ Change

☐ Addition

62 NAME

63 STREET ADDRESS

64 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.

SIGNATURE

Joseph F. DelNuovo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph F. DelNuovo

11/9/98

954 741 1881

DATE

Daytime Phone

CR2E034 (10/97)