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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P94000023929 1. Corporation Name

SUNDELL CORP.

Principal Plac	ce of Business	Mailing Address		‡ 1001100L 110 (0111 01011 08111 00111 60111 081	
10198 NW 47TH STREET P.O. BOX 26293					
SUNRISE FL 33351		TAMARAC FL 33320			
US		US		DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualifed 03/29/1994	•
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0477971	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		J. Controlle of Clares Desires	Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	<b>.</b> 1
24	25	29	30	Personal Property Tax.	Yes □No
	9. Name and Address of Curr		81 Name	10. Name and Address of New Registere	d Agent
DEI	NUOVO, JOSEPH F	6 8 8 1 1 2 pc	81 Name		
7320 NW 35TH STREET LAUDERHILL FL 33319			82 Street Address (P.O. Box Number is Not Acceptable)		
			-	كويون وبنو ويوان فعال بالرقال والمساول	M. MANGER AND AND STREET STREET
Dio	DETAILE TE GOOTS		83		
			84 City		85 Zip Code
40.02 × 4.70	M 810			<u> </u>	
office or	registered agent or both in the Sta	to of Florida. Such change was a	uthorized by the cornerative	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered jointment as registered
🧳 agent. I a	am familiar with, and accept the obli	igations of, Section 607.0505, Flo	rida Statutés.		· ·
SIGNATURE					·
40	Signature, typed or printed name of registered a	agent and title if applicable. (NOTE  AND DIRECTORS	Registered Agent signature require		NO DIDECTORS IN 40
TITLE	PS OFFICERS	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	DELNUOVO, JOSEPH F	E Dece 1	1.2 NAME	• •	
	AGAGG ARM ATTIL GTOCKT				
STREET ADDRESS	SUNRISE FL 33351		1.3 STREET ADDRESS		
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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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

**FILED** 

Jan 22, 1999 8:00am

**Secretary of State** 

01-22-1999 90032 046 \*\*\*150.00