

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 03 1997 8:00am  
Secretary of State

DOCUMENT # P94000026974 (3)

1. Corporation Name  
SUNVAC CORP.



Principal Place of Business  
800 COLLIER CT #305  
MARCO ISLAND FL 33937

Mailing Address  
800 COLLIER CT #305  
MARCO ISLAND FL 33937

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 2750 Newman Dr.  
Suite, Apt. #, etc.  
22  
City & State  
23 Naples FL.  
Zip  
24 34114  
Country  
25 USA

2a. Mailing Address  
26 2750 Newman Dr.  
Suite, Apt. #, etc.  
27  
City & State  
28 Naples, FL.  
Zip  
29 34114  
Country  
30 USA

3. Date Incorporated or Qualified  
04/06/1994

3a. Date of Last Report  
01/25/1996

4. FEI Number  
65-0479239

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

WOODWARD, CRAIG R  
WOODWARD PIRES & ANDERSON PA  
606 BALD EAGLE DR SUITE 500  
MARCO ISLAND FL 33969

10. Name and Address of New Registered Agent

81 Name  
SUNVAC CORP/ANDREAS KERTSCHER

82 Street Address (P.O. Box Number is Not Acceptable)  
2750 NEWMAN DR.

83

84 City  
NAPLES FL

85 Zip Code  
34114

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 *Andreas Kertscher* 8-28-97 DATE  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	D KERTSCHER, ANDREAS	900 COLLIER CT #305	MARCO ISLAND FL 33937	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
	D P S T	Andreas Kertscher	2750 Newman Dr. Naples, FL 34114	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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: *Andreas Kertscher* 8-28-97 (04) 348-1474

CP2E034 (4/97)