.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 # P9400032249

1. Corporation Name

May 03, 1999 8:00 am Secretary of State

05-03-1999 90117 010 ***150.00

| SAUNDERS SUNSET HARDWARE, INC. | | | | | |
|---|---|-------------------------------------|---|--|---|
| - 1 1 Char | (6) | BA-III Address | | | |
| Principal Plac | | Mailing Address | | Ĭ | |
| 8766 S.W. 72ND ST. 8766 S.W. 72ND ST. MIAMI FL 33173 MIAMI FL 33173 | | | | | |
| MIAMI FE 331/3 | | | | DO NOT WRITE IN THIS | S SPACE |
| | | | | 3. Date Incorporated or Qualifed | |
| | | | | 04/27/1994 | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 65-0491727 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5: Certificate of Status Desired | \$8.75 Additional |
| | | 27 | | - | Fee Required |
| City & State City & State | | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 | 0 | 28 | Country | Trust Fund Contribution | _ Added to Fees |
| Zip | Country | Zip | | This corporation owes the current year in Personal Property Tax. | tangible [☐ Yes ☐ No |
| 24 | 25 9. Name and Address of Curre | | 30 | 10. Name and Address of New Registered | |
| - | 9. Name and Address of Cure | III Itagisterea Again | 81 Name | 10. 144110 4110 71041000 01 11011 11091010101 | |
| CRIT | TENDEN, ISELA | | | | |
| | 30 S.W. 66TH TERRACE | | 82 Street Ad | dress (P.O. Box Number is Not Acceptable) | 1 |
| | MI FL 33173 | | 83 | | |
| | | | | | |
| | | | 84 City | Fi | 85 Zip Code |
| 44 Pursuant | to the provisions of Sections 607.05 | 02 and 607.1508. Florida Statute | es, the above-named cor | moration submits this statement for the nurnose of | changing its registered |
| l office or r | registered agent, or both, in the State | e of Florida. Such change was au | uthorized by the corpora | tion's board of directors. I hereby accept the appo | intment as registered |
| | am familiar with, and accept the oblig | ations of, Section 607.0505, Flori | ida Statutes. | | (|
| SIGNATURE | Signature, typed or printed name of registered ag | ent and title if applicable. (NOTE: | Registered Agent signature requ | ired when reinstating) DATE | } |
| 12. | | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTORS IN 12 |
| TITLE | PSTD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SAUNDERS, EDWARD D | | 1.2 NAME | | |
| STREET ADDRESS | 8951 SW 107TH AVENUE | | 1.3 STREET ADDRESS | | 1 |
| CITY-ST-ZIP | MIAMI FL | | | | 1 |
| TITLE | | | 1.4 CITY-ST-ZIP | | |
| NAME | | ☐ DELETE | 1.4 CITY-ST-ZIP 2.1 TITLE | • | ☐ Change ☐ Addition |
| STREET ADDRESS | | ☐ DELETE | | • | Change Addition |
| 1 | | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| CITY-ST-ZIP | | | 2.1 TITLE 2.2 NAME | • | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS | • | Change Addition |
| | | | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | |
| TITLE | | | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE | • | |
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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 employee to the 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.