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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000043071 (7)

SUN STATE EXTERIORS, INC.

FILED Apr 14 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 310 BRUNSON BLVD SUITE 107 310 BRUNSON BLVD SUITE 1 COCOA FL 32922 COCOA FL 32922-7789										W
						3. Date Incorporated or Qualified 06/06/1994		ite of La 1/199	st Report	1
2. Principal	Place of Business	2a. Mailing Ad	2a. Mailing Address 26			4. FEI Number 59-3246930	Applied For Not Applicable			
Suite, Api	t. #, etc	Suite, Apt.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Str 23		City & State	and anything and a second and a			6. Election Campaign Financing Trust Fund Contribution	ng \$5.00 May Be Added to Fees			
Z(p 24	Country 25	25 29 30				Florida Statutes	liability for intangible tax under s. 199 032, XYes No			
ļ	9. Name and Address of Curr	ent Registered Agen	<u> </u>			10. Name and Address of New Re	pistered .	Agent		
310	inegan, Janet Y) Brunson blvd Suite 107			81 82	Name Street Add	ress (P.O. Box Number is Not Acceptab	le)	,		
CO	GOA FL 32922			83			····			
}				84	City		FL	85	Zıp Code	,
SIGNATURF	Stiperture: is pent or printed name of registered OFFICERS A	AND DIRECTORS		13.	nt signature requ	red when re-instating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND		*********	
NAME STREET ADDRESS	D FINNEGAN, JANET Y 530 KEY ROAD	[]] 1	I.1 TITLE I 2 NAME I 3 STREET	address			Cha	ıge ∟_∫	Addition
CITY ST 200	TITUSVILLE FL 32780	1.4 (T - ZIP					
Thirt	P	☐ DELETE 21				Change Addil			Addition	
NAME STREET ADDRESS				2.2 NAME 2.3 STREET	ADORESS					Ì
CHTY - ST - ZIP	TITUSVILLE FL			2 4 CITY-5	T-ZIP		,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		·····	
NAME	VP JORDACHE, RONALD	Ц		3.1 THLE 3.2 NAME				L.J Cha	nge L.J	Addition
STREET ADDRESS	PAR HELL BOAR		1	3.2 NAME 3.3 STREET	ADDRESS					
0/11 - S3 - ZIP	TITUSVILLE FL			3.4. CITY - S	ST-ZIP					
TITLE				1.1 TITLE				Cha	nge 🔲	Addition
MANI				4. 2 NAME						l
STHEET ADDRESS CITY-S1-ZIP				4.3 STREET 4.4 City - S	ľ					
TITLE				5.1 TITLE	1 · 24			Cha	nge 🔲	Addition
NAME				5.2 NAME	ļ.					
STREET ADDRESS	s (8	5.3 STREET	ADDRESS					ł
CITY - S1 - 7(F)				5.4 CITY-S	T- 21P					
TITLE				S 1 TITLE				Cha	nge 🔲	Addition
NAME				5.2 NAME	ţ					ļ
STREET ADDRESS	5			6.3 STREET	1					
City-S'-ZiP				64 CITY-S	T-ZIP	11.0 T. 140 07/0V/1 Ft. 11.0				

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 are 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 13 if changed, or on an attachment with an address.