

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000084560 (9)**

1. Corporation Name

SUNDANCE MARKETING COMPANY



Principal Place of Business

**4237 WATERSCAPE DR
PALM HARBOR FL 34685**

Mailing Address

**36181 EAST LAKE RD
144
PALM HARBOR FL 34685
US**

3. Date Incorporated or Qualified

11/17/1994

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

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4. FEI Number

59-3289764

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**

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHN B GEORGE
4237 WATERSCAPE DR
PALM HARBOR FL 34685**

81 Name

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

83

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **SANDAGE, PAULA N**
STREET ADDRESS **1457 LARRY JO DR**
CITY-ST-ZIP **CINCINNATI OH 45230**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE
NAME **GEORGE, JOHN S**
STREET ADDRESS **4237 WATERSCAPE DR**
CITY-ST-ZIP **PALM HARBOR FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **NEAMAN, ROGER A**
STREET ADDRESS **606 OLYMPIC DR**
CITY-ST-ZIP **OCFEE FL 32761**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE
NAME **GEORGE, JOHN B**
STREET ADDRESS **4237 WATERSCAPE DR**
CITY-ST-ZIP **PALM HARBOR FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **GEORGE, JANET N**
STREET ADDRESS **4237 WATERSCAPE DR**
CITY-ST-ZIP **PALM HARBOR FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **NEAL GEORGE, TRACEY**
STREET ADDRESS **522 E HARDWOOD ST**
CITY-ST-ZIP **ORLANDO FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-96

CR2E034 (12/95)