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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P94000091549

SUNSPORTS UNLIMITED, INC.

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90086 042 ***150.00



					_		
Principal Place of Business Mailing Address						· · · · · · · · · · · · · · · · · · ·	
361 N. TESSIER DRIVE ST. PETERSBURG FL 33706		361 N. TESSIER DRIVE ST. PETERSBURG FL 33706				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed	
						01/01/1995	
2. Principal P	face of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26				59-3287623 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required	
22		27					
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country	Zip Country				8. This corporation owes the current year Intangible	
24	25	29 30				Personal Property Tax. Yes No	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered Agent	
				81	Name		
	TRO, SAM		82 Street Add		Street Ado	dress (P.O. Box Number is Not Acceptable)	
	N TESSIER DR						
	TE 3700			83			
SII	PETERSBURG BCH FL 33706			84	City	85 Zip Code	
					•	FL 85 ZIP COUR	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	utes, the a	bove	-named cor	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	
agent. I a	am familiar with and accept the conga	tions of Section 607.0505, F	lorida Stat	utes.	00.,	9-91 601	
SIGNATURE	Somuel J.	East				2-26-77	
44	eignature, typed or printed name of regulated age			l Agent	signature requi	ired when reinstating) OATE ADDITIONOGUANOSO TO OFFICE DE AND DIDECTORS IN 12	
12.	T	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
TITLE	P		_			C overige	
NAME	CASTRO, SAMUEL J		1.2 N				
STREET ADDRESS	1				ADDRESS		
CITY-ST-ZIP	ST PETERSBURG BCH FL	☐ DELETE		ITY-ST	-ZIP	Change Addition	
TITLE	V	C) Detete	2.1 T				
NAME .	CASTRO, JACQUELINE		2.2 N				
STREET ADDRESS					ADDRESS	and the second s	
CITY-ST-ZIP	ST PETERSBURG BCH FL	☐ DELETE		TIY-S	T- ZIP	☐ Change ☐ Addition	
TITLE		□ NETCIC	3.1 Ti				
NAME	}		3.2 N		*DDDECC	}	
STREET ADDRESS			1		ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4 C	JTY-S	1-214	☐ Change ☐ Addition	
TITLE							
NAME			4.21		4000500		
STREET ADDRESS					ADDRESS	ļ	
CITY-ST-ZIP		☐ DELETE	4.4 C	1TY-\$1	-ZiP	☐ Change ☐ Addition	
TITLE		□ DETEIE	5.2 N				
NAME					ADORESS		
STREET ADDRESS				ITY- ST			
CITY-ST-ZIP		☐ DELETE	6.1 T			☐ Change ☐ Addition	
TITLE		الله محددال	6.2 N			J V. J,	
NAME STREET ADDRESS					ADDRESS	}	
	:1		= 0.33	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR