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

PROFIT-CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra 👰. Mortham

, , , , ,	1998	DIVISION OF CO		98 NOV -9	PM 12: 30.
DOCUMENT # P9500004706 (4)  BIG SUN VALLEY, INC.				SECRETARY TALLAHASSE	OF STATE E, FLORIDA
Principal Place		Mailing Address			
5920 S.W. 58TH CT 5920 S.W. 58TH CT DAVIE FL 33314 US US				3. Date Incorporated or Qualified	IN THIS SPACE (B)
Principal Place of Business     2a. Mailing Address				01/19/1995  4. FEI Number	Applied For
21		26		65-0562754	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	·	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25		Country 0	This corporation owes or has pai Personal Property Tax due June	30. 🔲 Yes 🔲 No
CU	9. Name and Address of Current		81 Name	10. Name and Address of New Reg	jistered Agent
FOIL O'M SOTH CT				7000	
DAVIE FL 33314			82 Street Addr	ess (P.O. Box Number is Not Acceptab	.e)
 			83		
			84 City	<del></del>	FL 85 Zip Code
11. Pursuant I	to the provisions of Sections 607,0502	and 607.1508, Florida Statutes	, the above-named corp	oration submits this statement for the p	
agent, I a	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida, Such change was autions of, Section 607.0505, Flori	thorized by the corporati da Statutes.	oration submits this statement for the pion's board of directors. I hereby accep	t the appointment as registered
SIGNATURE	TWILA SCHNEIDE Signature, typed or printed name of registered agent		Registered Agent signature regum	hneed when rejected in the control of the control o	7// 3/78
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	P HART, JERRY A	DELETE	1,1 TITLE		J. <del>-</del>
NAME STREET ADDRESS	5920 S.W. 58TH CT.		1 2 NAME 1.3 STREET ADDRESS	9000026	1867599.   186-01032017   186-01032017
CITY-ST-ZIP	DAVIE FL 33314		1.4 City-ST-ZIP	-11/13/9	3801032- <u>-01</u> 7\
TITLE	V	DELETE	2.1 TITLE	****	1.00 (***********************************
NAME	ANDREOLA, PHILLIP		2.2 NAME		
STREET ADDRESS	1385 N.W. 126TH WAY SUNRISE FL 33323		2.3 STREET ADDRESS		1
Zifa-st-zie	CONTROL 12 30020	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	<del></del>	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADORESS	- 2 ·	-
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		- DELETE	4.1 TITLE		L_ Change L_ Addition
NAME STREET ADORESS			4, 2 NAME 4,3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TILE		DELETE	5.1 TITLE		Change Addition
DAME			5.2 NAME		
TREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	<del></del>	Dishae Addition
NAME		ے منب	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		ALTY C. O.
CITY-ST-ZIP	ce di a di a e e e e e e e e e e e e e e e e e e	11 2 (242	6.4 CITY - ST - ZIP	0 15 440 03(0)(0)	11 '
indicated	erusy that the information supplied with	tries thing does not qualify for	ine exemption stated in the	Section 119.07(3)(i), Florida Statutes, I for shall have the same legal effect as if	uriner 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 ar 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 addressy