· PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # **P95000009089**1. Corporation Name

SUNSEEKER USA, INC.

200 EAST LAS OLAS BLVD.
Suite 1800
FT. LAUDERDALE FL 33301

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90161 006 ***150.00



Principal Place of Business Mailing Address							
200 east las Olas BLVD. Suite 1800 Ft. Lauderdale Fl 33301	200 east las Olas BLVD. Suite 1800 Ft. Lauderdale Fl. 33301		DO NOT WRITE IN THIS SPACE				
			3. Date Incorporated or Qualifed 01/30/1995				
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 65-0567900	Applied For Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country	Zip Cot 30	ıntry	This corporation owes the current year Interpretation Personal Property Tax.	tangible □ Yes			
9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered	Agent			
BRINKLEY, W. MICHAEL		81 Name		<u> </u>			
200 EAST LAS OLAS BLVD.		82 Street Address (P.O. Box Number is Not Acceptable)					
SUITE 1800 FT. LAUDERDALE FL 33301		83	·				
(). B (g) L (B) (all) all)		84 City	FL	85 Zip Code			
 Pursuant to the provisions of Sections 607.0: office or registered agent, or both, in the Staragent. I am familiar with, and accept the obline. 	te of Florida. Such change was authorize	d by the corporate	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	f changing its registered intment as registered			

SIGNATURE	Signature, typed or printed name of registered agent and title if ap	NOTE: Re	gistered Agent signature n	equired when reinstating)	DATE		
12.	Signature, types of printed many of registered again and the happen of the printed many of the printed man						
TITLE	PD	☐ DELETE	1.1 TITLE	Vice President-		☐ Change	★ Addition
NAME	SQUIBB, MARY		1.2 NAME		Relations		
STREET ADDRESS	200 E LAS OLAS BLVD, STE 1800		1.3 STREET ADDRESS	Robert Braithwa 200 E. Las Olas	Blvd., Ste	1800	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		1.4 CITY-ST-ZIP	Ft. Lauderdale,			
TITLE	DS	DELETE	2.1 TITLE		"	☐ Change	Addition
NAME	FACKRELL, ROBERT	_	2.2 NAME	•			ì
STREET ADDRESS	200 E LAS OLAS BLVD, STE 1800		2.3 STREET ADDRESS	•			}
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		2.4 CiTY-ST-ZIP	• • •	•	-	-
TITLE	D	DELETE	31 TITLE			☐ Change	☐ Addition
NAME	BRINKLEY, W M		3.2 NAME	· ·			
STREET ADDRESS	200 E LAS OLAS BLVD, STE 1800		3.3 STREET ADDRESS	•			[
CITY-ST-ZIP	FT LAUDERDALE FL 33301		3.4. CITY-ST-ZIP		,	•	
TITLE	TT ENOBERBRIEF TE GOOGT	DELETE	41 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				,
CITY-ST-ZIP			4.4 CITY-ST-ZIP		,		
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME		_	5.2 NAME	•			i
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP	. ,			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				ľ
			6.4 CITY-ST-ZIP				
CITY-ST-ZIP				L			

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.

SIGNATURE: _

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR