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

CORPORATION ANNUAL REPORT



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

1996

P95000017399 (3)

DOCUMENT # SUNBURST SUB SHOP, INC. Principal Place of Business Mailing Address 912 W. CENTRAL BLVD. 912 W. CENTRAL BLVD. ORLANDO FL 32805 ORLANDO FL 32805 3. Date Incorporated or Qualified 3a. Date of Last Report .03/02/1995 >--2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 \Box Trust Fund Contribution Added to Fees Ζıρ Country Zια Country 8. This corporation has liability for intangible tax under s 199,032. 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MOON, BONG 82 Street Address (P.O. Box Number is Not Acceptable) 912 W. CENTRAL BLVD. ORLANDO FL 32805 83 City 84 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 on, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of section 607.9305, Florida Statutes. 0-96 DATE 3-30-SIGNATURE sle of agent and the (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE THILE 1 1 TITLE PRESIDENT Change Addition NAME MOON, BONG SUN S. KIM 1.2 NAME 912 W. CENTRAL BWD. STREET ADDRESS 912 W. CENTRAL BLVD. 1.3 STREET ADDRESS ORLANDO FL 32805 CHY+ST-ZIP ORLANDO, FL 32845 1.4 CITY - ST - ZIP TITLE DELETE VICE PRESIDENT 2.1 TITLE Change Addition NAME SOOK H. LEE 911 LONGWOOD MARKHAM RD 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY ST-7P 24 CITY-ST-ZIP SANFORD, FL 32771 TITLE DELETE 3 1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - ZIP TITLE DELETE 4. 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 43 STREET ADDRESS CiTY - ST - ZiP 4.4 CiTY-ST-ZIP

CITY-ST-ZIP 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 or paging or on an attachment with an address.

5 1 TULE

5.2 NAME

6 1 TITLE

62 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY - \$5 - ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR P RINTED NAME OF SIGNING OFFICER OR DIRECTOR

TT DELETE

DELETE

3-30-96 (407)425-5866

400<u>001789624</u>

***200.00

-04/23/96--01009--00B^{Change}

Change

☐ Addition

☐ Addition

CR2E034 (12/95)