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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS 1998

FILED Apr 09 1998 8:00am Secretary of State

DOCU 1. Corporation	MENT # P95000033474	`	Secretary of State
•			
Sunny ISland Building, Inc.			
Principal Place of Business Mailing Address			
1723 SE 474 Ter. P.O. BOX 1350			
Cipe Corel, Floria Cape Coral, Fl 33904			4 DO NOT WRITE IN THIS SPACE
1			3. Date Incorporated or Qualified
7390	1_	, <u>.</u>	April 24, 1995
L	Place of Business 28. Mailing Address	252	4. FEI Number Applied For
21 / 00 Suite Apt	M. etc. 17 Suite Apt. #, etc.	350	65-0671592 Not Applicable \$8.75 Additional
·	. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required
City & Sta			6. Election Campaign Financing \$5.00 May Be
23 Lehi	54 Aug Ft 28 Cape Coral	. F1	Trust Fund Contribution
Zip	Country Zip	Country	8. This corporation owes or has paid the current year Intangible
24 33930		o]	Personal Property Tax due June 30 🔲 Yes 🛣 No
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name			
			Ernest A. Seemann, Esq.
Frank Aloia Street Address (PO. Box Number is Not Acceptable)			
1716 Cape Coral PArkway Suite C			
Cape Coral, Fl 33904 1105 Cape Coral Parkway			
		84 City	Cape Coral FL 85 33904
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			
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, of 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 acceptance of Section 607.0505. Florida Statutes			
SIGNATURE	Munde		7/10/70
Signature lysted or printed farme of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12.	DPST DELETE	13.	DPST Change Addition
NAME	Johann Sacher	1.2 NAME	Johann Sacher
	1723 SE 47th Terrace	1.3 STREET ADDRESS	P.O. Box 1350 (N.A.)
CITY-ST-ZIP	Cape Coral, Fl 33904	1.4 CITY - ST - ZIP	Cape Coral, Florida 33904
TITLE	V XXDELETE	2.1 TOTLE	☐ Change ☐ Addition C
NAME	Hans Behrens	22 NAME	
STREET ADDRESS	1723 SE 47th Tearrace	23 STREET ADDRESS	
CITY-ST-ZIP	Cape Coral, Florida 33904	2.4 CITY - ST - ZIP	
TITLE	T DETELE	3 1 THLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS 3.4 City-St-Zip	
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	
TIFLE	☐ DELETE	\$1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	75
STREET ADDRESS		5.3 STREET ADDRESS	ila
CITY-ST-7/P		5.4 CITY - ST - ZIP	
THILE	☐ DÉLETE	61 TILLE	400002434 34000 0 Addition -04/09/9801076020
NAME		6 2 NAME	***150.00
STREET ADORESS		6.3 STHLET ADDRESS	04 04 004 00
14. I hereby o	certify that the information supplied with this filing does not qualify for t	64 City St ZiP he exemption state	d 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 addisss.

SIGNATURE:

1708788