

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90201 037 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P95000035601**

1. Corporation Name

**SUNSTYLE INTERNATIONAL HOLIDAYS, INC.**

Principal Place of Business

100 2ND AVE. SOUTH  
SUITE 303N  
ST. PETERSBURG FL 33701

Mailing Address

100 2ND AVE. SOUTH  
SUITE 303N  
ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1995

4. FEI Number

59-3316816

Applied For

No. Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**BRANDANO, DANIEL**  
100 SECOND AVE., S., #303N  
ST. PETERBURG FL 33701

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0501 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME SMITH, GERALDINE A.  
STREET ADDRESS 15219 GULF BLVD  
CITY-ST-ZIP MADERIA BEACH FL

TITLE DP ☐ DELETE

NAME BRANDANO, JOAN  
STREET ADDRESS 336-4TH AVE NORTH  
CITY-ST-ZIP TIERRA VERDE FL

TITLE DC ☐ DELETE

NAME BRANDANO, DANIEL  
STREET ADDRESS 336-4TH AVE NORTH  
CITY-ST-ZIP TIERRA VERDE FL

TITLE S ☒ DELETE

NAME PALMER, MAURA A.  
STREET ADDRESS 100 SECOND AVE. S., #303N  
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME John Vahl  
1.3 STREET ADDRESS 3685 N W Copeland St.  
1.4 CITY-ST-ZIP Portland, OR 97229

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE S ☐ Change ☒ Addition

4.2 NAME Gerard J. LaMontagne  
4.3 STREET ADDRESS 10 Old Farm Lane  
4.4 CITY-ST-ZIP East Sandwich, MA 02537

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

26.   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99  
Date

727-896-1513  
Daytime Phone #

CR2E034 (11/98)