FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000046764 (3)**

1. Corporation Name

SUNDIAL, INC.

Principal Place of Business	Mailing Address
934 N UNIVERSITY DR SUITE 215 CORAL SPRINGS FL 33071	934 N UNIVERSITY DR SUITE 215 CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified: 06/12/1995
3a. Date of Last Report: NONE

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24 / Country 25:

2a. Mailing Address
26: 614 WOODGATE CIR
Suite, Apt. #, etc.
27:
City & State
28: SUNRISE FL.
Zip 29: 33326 / Country 30: BRD.

4. FEI Number: 65-0589889 ☐ Applied For ☐ Not 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ZIMMERMAN, MARGARITA
934 N UNIVERSITY DR
SUITE 215
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name: MARGARITA ZIMMERMAN
82 Street Address (P.O. Box Number is Not Acceptable): 614 WOOD GATE CIR
83:
84 City: SUNRISE FL 85 Zip Code: 33326

11. Pursuant to the provisions of Section 607.0607 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: Margarita Zimmerman DATE: 5-28-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ZIMMERMAN, MARGARITA		1.2 NAME		
STREET ADDRESS	2781 2 72ND ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33016		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
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			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
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		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 changed, or on an attachment with an address.

SIGNATURE: Margarita Zimmerman | MARGARITA C. ZIMMERMAN 305 5883405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #