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

PROFIT CORPORATION **ANNUAL REPORT**

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 04 1998 8:00am

Secretary of State

DOCUMENT # 1. Corporation Name P95000057516 (3)

SUNDANCE EXPRESS. INC.

Principal Place of Business		Mailing Address	Mailing Address		r saariads sie saldt dittil Batit gafti gffi	80 B4010 38081 81191 LIGIT BELL (881	
300 MORIN ST P.O. BOX 460 EUSTIS FL 32726 EUSTIS FL 32727 US US							
			1		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					08/01/1995		
2. Principal P	Place of Business	2a. Mailing Address			4, FEI Number	Applied For	
26		26			59-3340869	Not Applica	
Suite, Apt. #, etc. Suite, Apt. #,		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22						Fee Required	
City & Stat	Ø	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28	т		Trust Fund Contribution		
Zip	Country	Zip	Country	у	8. This corporation owes or has paid the		
24	25 g. Name and Address of Cui	rent Pegistered Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Registe		
		reitt Neglsteren Agent	81	Name	10. Hanne and Address of Hear Registe	ned Agent	
CERGIZAN, FRANCIS E							
2502 E. ORANGE AVE. EUSTIS FL 32726			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
EU	S118 FL 32/28		83			····	
			84	City		FL 85 Zip Code	
44 Duramont	to the provisions of Cocline CO7	0502 and 607 1509 Florida Clat	ulor, the ebe	o named cor	rporation submits this statement for the purpo ation's board of directors. I hereby accept the		
SIGNATURE	Signature typed or printed name of registeres	tagent and title if applicable (NC AND DIRECTORS	TE Registered Ag	ont signature requ	ured when re-instaling) ADDITIONS/CHANGES TO OFFICERS	·-	
TITLE	PD	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change Addi	
NAME	DUNIGAN, DAVID G		1.2 NAME				
STREET ADDRESS	%21845 BRENDENSHIRE L	ANE		T ADDRESS			
CITY-ST-ZIP	EUSTIS FL 32738		1.4 CITY-				
TITLE	VP	☐ DELE TE	2.1 TITLE			☐ Change ☐ Addi	
NAME	FREDDIE ROBERTS		2.2 NAME				
STREET ADDRESS	30846 APAWAMI DR		2.3 STREE	1 ADDRESS			
CITY-ST-ZIP	MT PLYMOUTH FL		2. 4 CITY-	ST-ZIP			
TITLE	DILETE		3.1 TITLE			Change Addi	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	1 ADDRESS			
CITY-ST-ZIP			3.4. C(TY-	ST-ZIP			
TITLE	☐ DÉLETE 4		4.1 TITLE			Change Addi	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	t address			
CITY-ST-ZIP			4.4 CITY -	ST - ZIP			
TITLE		☐ DELETE	5.1 THTLE			Change Addi	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP		·	5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change Add	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	1 ADDRESS			

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14. Thereby certify that the information supplied with this filling 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 attacking of the corporation of the receiver of the receiver