#### SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

# POCUMENT # P95000069701 (7)

### SUNFISH INCORPORATED

## FILED Aug 05 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 103 WEST MARION AVENUE 103 WEST MARION AVENUE PUNTA GORDA FL 33950 PUNTA GORDA FL 33850 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 08/28/1995 04/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0619227 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HALL, THOMAS P 3443D TAMIAMI TRAIL 82 Street Address (P.O. Box Number is Not Acceptable) PORT CHARLOTTE FL 33952 83 84 City 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 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agen; signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (4/97) DELETE Addition ħ Change TITLE 1.1 TITLE BEELI, JURG NAME 1.2 NAME CRZEG94 103 WEST MARION AVENUE STREET ADDRESS 1.3 STREET ADDRESS **PUNTA GORDA FL 33950** CITY-ST-ZIF 1.4 CITY+ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE BEEU. RUTH NAME 2.2 NAME 103 WEST MARION AVENUE STREET ADDRESS 2.3 STREET ADDRESS **PUNTA GORDA FL 33950** CITY-ST-ZIF 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME **3.3 STREET ADDRESS** STREET ADDRESS 3.4. CITY - ST - 2IP CITY-ST-ZIP DELETE Addition | TITLE 4.1 TITLE ☐ Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I do 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.

SIMMATURE RECURRED

JULY 26. 1992