**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000081135

1. Corporation Name

SUNFLOWER MANAGEMENT INC.

Principal Place	e of Business	Mailing Address			i	5 t			
2909 VISTAMAR	ST.	2909 VISTAMAR ST.			:	-			
FT. LAUDERDALE FL 33304		FT. LAUDERDALE FL 33304				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Quali		3FAOL	
						, ,	Cu		
	4-14-4-1-4					10/19/1995 4. FEI Number			oplied For
2. Principal Pl	ace of Business	2a. Mailing Address	Mailing Address			"		<u> </u>	ot Applicable
21		26				65-0626494		<del></del>	<del></del>
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			1	5. Certificate of Status Desired	<b>.</b> .		Additional equired
22		27							·
City & State	e	City & State				6. Election Campaign Financi	ng - 🗆 -		May Be
23		Zip Country			Trust Fund Contribution			to Fees	
Zip	Zip Country Zip			У		8. This corporation owes the	current year Int		
24	25 29					Personal Property Tax.		Yes	□No
	9. Name and Address of Current	l Registered Agent				10. Name and Address of Ne	w Registered	Agent	
			81	1   1	Name				
BRIDEAU, ARTHUR			82	82 Street Address (P.O. Box Number is Not Acceptable)					~
2909									
FT. LAUDERDALE FL 33304			83	83					ļ
	•		_	_				et Zin	Code
	•		84		City		FL	.	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the abov	ve-r	named corpor	ration submits this statement for	the purpose of	changing its	registered
office or re agent. I a	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was autr tions of, Section 607.0505, Florid	onzed by a Statute	y un	e corporation	is board of directors. Thereby a	cept the appoi	man as re	gistored
SIGNATURE		4,025.0				when rejected as	DATE	<del>.</del>	
			egistered Agent signature require 13.		-griature required v	ADDITIONS/CHANGES TO		JD DIRECTO	ORS IN 12
12.		DELETE	1.1 TITLE			ADDITIONS/OFFAIGLS TO	OT FIGURE	Change	Addition
TITLE	D POIDCALL ADTIBUD		1.2 NAME						_
NAME	DidDEAO, Attrion				55556				
STREET ADDRESS	000 11017 1111 11 011		1.3 STREET ADDRESS						
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		1.4 CITY-		ZiP			☐ Change	Addition
TITLE	D	☐ DELETE	2.1 TITLE					□ change	
NAME	TARDIF, NICOL		2.2 NAME						i
STREET ADDRESS	098 NW 49E PLACE 233		2.3 STREE	ETA	DDRESS				ļ
CITY-ST-ZIP			2. 4 CITY	2. 4 CITY-ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE				,	☐ Change	Addition
NAME .		-	3.2 NAME			•	-	•	
STREET ADDRESS			3.3 STREE		DDRESS				
CITY-ST-ZIP	3.4.		3.4. CITY-	-5T-	ZIP				
TITLE	•	☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME.			4. 2 NAME						
STREET ADORESS	4.3:		4.3 STRE	ETAI	DORESS				
	t man		4.4 CITY-5						
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE					☐ Change	☐ Addition
l i			5.1 III.E 5.2 NAME						
NAME	7 · MM			5.3 STREET ADDRESS					
STREET ADDRESS	INCOS			5.4 CITY-ST-ZIP					
CITY-ST-ZIP		DELETE	5.4 CITY-3 6.1 TITLE					Change	Addition
TITLE	OELETE		6.2 NAME						
NAME									į
			■ 63 STRE	FTA	ODRESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90287 009 \*\*\*150.00