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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000082833 1. Corporatión Name

FILED Apr 13, 1999 8:00 am Secretary of State 04-13-1999 90013 019 ***150.00

SUNBAY	FIINESS ING.								
Principal Place	e of Business	Mailing Address				# 1000/1000 1100 10100 01111 00011 00011 00011 00011 00011 00011 00011 00011 00011 00011 00011 00011 00011	INI SALIM ISMAI S	I (III III III III III III III III	H () 1
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				~		3. Date Incorporated or Qualifed			
	- المستعدد المنا للمافيين أورانيداري الم					10/30/1995			
2 Dringing D	lace of Business	2a. Mailing Address				4. FEI Number	T	Applied For	
	lace of Business	26	3 / Nai 1000			59-3342649	Not Applicable		
Suite, Apt.	# oto	Suite, Apt. #, etc.						Additional	_
22	#, 6 16.	27				5. Certificate of Status Desired Fee Required			
City & State	e	City & State				6. Election Campaign Financing	\$5.0	0 May Be	
23 28						Trust Fund Contribution	* *	d to Fees	
	Zip Country Zip			untry		8. This corporation owes the current year	Intangible		
24	25	29	30			Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Curre					10. Name and Address of New Register	d Agent		
				81	Name				
	PKINS, TONY L			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
3008 WEST NEW HAVEN AVENUE					Street Addie	ass (1.0. box rumber to rick recopiable)			
MELBOURNE FL 32904				83					
ļ					0.1	- <u>-</u>	85 Z	ip Code	\dashv
j				84	City			`	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was aut					-named corpo	pration submits this statement for the purpose	of changing	its registere	:d
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change wa	s authorize Florida Stat	d by t	the corporation	n's board of directors. I hereby accept the ap	pointment as	registerea	ļ
1	m lamiliar with, and accept the obliga	audis di, decudii dor.0000,	i jojida otai	tutoo.					}
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (N	OTE: Registere	d Agent	t signature required	when reinstating) DATE] ;
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIREC		
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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 adachment with an address, with all other like empowered.

SIGNATURE:

407-768-2311