## 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

**FILED** 

Aug 18 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000090653 (3)				
SCREAMING EAGLE PUMPS, INC.				
SUNEAL	MING EAGLE PUMPS, MC.			4 Desired and I had stone again addless the page 1941 for the state of
1				
Principal Place of Business Mailing Address				
'		Mailing Address		
34600 SW 193RD AVE. HOMESTEAD FL 33034		34600 SW 193RD AVE. HOMESTEAD FL 33034		
	. • • • • • • • • • • • • • • • • • • •	TIOMESTERS TE 00007		DO NOT WRITE IN THIS SPACE
ĺ				3. Date Incorporated or Qualified 3a. Date of Last Report
				11/27/1995 06/28/1996
	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0641612 Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22 City & State		City & State		Fee Required
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the current year Intangible
24	25	29 30		Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
PEEK, JOHN  B1 Name KENNETH R. ROBERTS				
34600 SW 193RD AVE.			82 Street	
HOMESTEAD FL 33034				Address (P.O. Box Number is Not Acceptable)
			83	
! !			84 City	HOMESTEAD FL 85 318 CO394
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 lorida. 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 obligation of 07.0505, Florida Statutes.				
SIGNATURE KENNETH R. ROBERTS P/V/T/S 7/18/97				
Signature typed or printed name of registering agent and tale if applicable (NOTE: Registered Agent signature required when reinstating) DATE				
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DEEK TURK	X) DELETE	1.1 TITLE	P/V/T/S K Change Addition
NAME	PEEK, JOHN 34600 S.W. 193 AVE		1.2 NAME	KENNETH R. ROBERTS
STREET ADDRESS	HOMESTEAD FL 33034		1.3 STREET ADDRESS	34600 S.W. 193rd AVENUE
CITY-ST-ZIP TITLE	TIOMEOTERS TE 00007	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	HOMESTEAD, FL. 33034
NAME			2.2 NAME	La Chango La Fiolentia
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		Floriers	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		DELETE	5.4 City-St-ZiP	Change Addition
TITLE		C) DETEIR	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP		1 (0) (0) (1)	6.4 CITY-ST-ZIP	de de la Continue de Control Control de Cont

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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if clumped, or on an attach ment with an address.