

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


APPROVED
AND
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99 JUN -9 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000010504**

1. Corporation Name
SUNSET BAY DEVELOPERS, INC.

Principal Place of Business 28050 U.S. 19 NORTH SUITE 100 CLEARWATER FL 34621	Mailing Address 28050 U.S. 19 NORTH SUITE 100 CLEARWATER FL 34621
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2. Principal Place of Business 21 309 HARBOR DR. Suite, Apt. #, etc. 22 City & State 23 BELLE AIR BEACH FL. Zip Country 24 33786 25 USA	2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified 02/01/1996	4. FEI Number 59-3366614	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**FOX, GREGORY A
28050 U.S. 19 NORTH
SUITE 100
CLEARWATER FL 34621**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZASZ, STEVE	12 NAME	100002905231--2
STREET ADDRESS	309 HARBOR DR	13 STREET ADDRESS	-06/15/99--01041--005
CITY-ST-ZIP	BELLEAIR BCH FL	14 CITY-ST-ZIP	****788.75 ****150.00
TITLE	V <input checked="" type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZASZ, ROBERT	22 NAME	SZASZ ROBERT
STREET ADDRESS	355 12TH AVE N	23 STREET ADDRESS	1947 PETERS PL.
CITY-ST-ZIP	INDIAN ROCKS BCH FL	24 CITY-ST-ZIP	CLEARWATER FL. 33764
TITLE	VS <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZASZ, MARY	32 NAME	
STREET ADDRESS	309 HARBOR DR	33 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BCH FL	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADLER, LASZLO	42 NAME	
STREET ADDRESS	301 HARBOR DR	43 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BCH FL	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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.

SIGNATURE:

 **STEVE SZASZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.20/99 (728) 518-1398
Date Daytime Phone #

055097

CR2E034 (11/98)