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

PROFIT CORPORATION ANNUAL REPORT 1998 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS OCUMENT # P96000019034 (3)

DOCUMENT # P96000019034 (3) SUNATSU, INC. Principal Place of Business Mailing Address 21 NE NINTH STREET 21 NE NINTH STREET DELRAY BEACH FL 33444 DELRAY BEACH FL 33444 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/28/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 Not Applicable 65-0645206 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Ø 5. Certificate of Status Desired Fee Required 22 27 City & State City & State **\$5.00** May Be 6. Election Campaigh Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible X Yes 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BOGLE, SUSAN R 21 NE NINTH STREET 82 Street Address (P.O. Box Number is Not Acceptable) DELRAY BEACH FL 33444 83 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 abligations of, Section 607,7505, Florida Statutes. usan SIGNATURE nted name of registered ag 12. OFFICERS AND DIRECTORS 13. TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE NAME NATALIE SUSAN BOGLE 1.2 NAME 72E034 STREET ADDRESS 21 NE 9TH ST 1.3 STREET ADDRESS DELRAY BEACH FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE SUSAN RAYMOND BOGLE NAME 2.2 NAME 21 NE 9TH ST 2.3 STREET ADDRESS STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 chapter or on an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

1-25-98 (561)276-207

FILED