

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90010 004 ***550.00

DOCUMENT # P96000019046

1. Corporation Name

~~SUNET DIRECT CORPORATION~~

NAME CHANGE

KATZO, Inc

Principal Place of Business

1443 20TH STREET
SUITE A
VERO BEACH FL 32960
US

Mailing Address

1443 20TH STREET
SUITE A
VERO BEACH FL 32960
US

2. Principal Place of Business

21 **349 RIVERWAY DR**

2a. Mailing Address

26 **349 RIVERWAY DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 **VERO BEACH FL**

City & State

28 **VERO BEACH FL**

Zip

24 **32963** 25 **USA**

Zip

29 **32963** 30 **USA**

9. Name and Address of Current Registered Agent

BRENNAN, H. RANDAL
1443 20TH ST.
STE. F
VERO BEACH FL 32960

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HUPPENTHAL, ROLAND G	
STREET ADDRESS	349 RIVERWAY DRIVE	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUPPENTHAL, KATHRYN	
STREET ADDRESS	349 RIVERWAY DRIVE	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUPPENTHAL, W. ALEXANDER	
STREET ADDRESS	255 S.W. HARRISON 9-E	
CITY-ST-ZIP	PORTLAND OR 97201	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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:

W. Alexander Huppenthal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-99

Date

561-231-8120

Daytime Phone #

CR2E034 (1/98)