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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 24 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # P96000032012 (2)

SUNTE	C POLYMERS, INC.				
Principal Plac	e of Business	Mailing Address			<u> </u>
402 SOUTH 22ND STREET TAMPA FL 33605		402 SOUTH 22ND STREET TAMPA FL 33605-6312			,
				3. Date Incorporated or Qualified 04/08/1996	3a. Date of Last Report
2. Principal F 21	Place of Business	26. Mailing Address 26. POBOY	818	4. FEI Number 59-3372340	Applied For Not Applicable
Suite, Apt.	. #, etc	Sulte, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat 23	te	City & State 28 54 C ty Har	har FC	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
2ip	Country 25	Zip 2934695-0818 3	Country O USA	8. This corporation has liability for	
	9. Name and Address of Cu	rrent Registered Agent	1	10. Name and Address of New Re	
ME	ilus, leo	394.99	81 Name	- Maila	
406 BELLE CHASE CIRCLE TAMPA FL 33634			82 Street Ad	Idress (P.O. Box Number is Not Acceptain	Die)
I All	#II N I E 50007		83 < 455	tubarbar FC	
			84 City		FL 85 Zip Code 34695
11. Pursuant office or appet 1.	to the provisions of Sections 607, registered agent or both, in the S	0502 and 607.1508, Florida Statutes tate of Florida. Such change was au	the above-named co thorized by the corpor	orporation submits this statement for the ration's board of directors. I hereby acce	ourpose of changing its registered pt the appointment as registered
SIGNATURE					4/17/97
12.	Signature, Mysed or printed name of registeres	d agent and title if applicable. (NOTE: I AND DIRECTORS	Registered Agent signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE (
TETLE	OFFICERS	DELETE	1.1 TITLE	President	Change Addition
NAME				LEO Meilus	The state of the s
STREET ADDRESS			1.3 STREET ADDRESS	357 BAY Place	
CITY - ST - ZIP			1.4 CiTY-ST-ZiP	SARITU HARbox FL 3460) <
TITLE		DELETE	2.1 TITLE	0.00	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
Dity - St - ZiP			2. 4 CITY-ST-ZIP		
JULLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		;
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-S1-7IP		Dr. cvc	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		L. Change L. Addition
NAME OTOSSE ADDOSSE			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADORESS		
CITY-\$1-2(P			5.4 CITY-ST-ZIP	•	
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I do herel	by certify that the information support indicated on this acquait recommend	plied with this filing does not qualify	for the everantion state	ed in Section 119.07(3)(i), Florida Statute	s. I further certify that the
l am an o appears i	officer or director of the cyrporation in Block 12 or Block 13 if change	n or the receiver or trustee empower d, or on an attachment with an addre	red to execute this rep	nat my signature shall have the same legs ort as required by Chapter 607, Florida S	Statutes; and that my name