

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

000075

PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 AUG 17 AM 9:15



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000032472
1. Corporation Name
SUN STATE FILTRATION, INC.

Principal Place of Business
**5151 NW 25TH PLACE
OCALA FL 34482**

Mailing Address
**5151 NW 25TH PLACE
OCALA FL 34482**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/15/1996	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	30	4. FEI Number 59-3374164	Applied For <input type="checkbox"/> Not Applicable
22 City & State	28	29 City & State	31	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent ATTMSSIMO, FRANCIS 5151 NW 25TH PLACE OCALA FL 34482				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent				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 DATE **7-14-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	12 NAME	
STREET ADDRESS	ATTMSSIMO, FRANCIS	13 STREET ADDRESS	300002967659--1
CITY-ST-ZIP	5151 NW 25TH PLACE LOOP OCALA FL 34482	14 CITY-ST-ZIP	-08/24/99--01010--012
TITLE	<input type="checkbox"/> DELETE	21 TITLE	****150.00 ****150.00
NAME		22 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		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: DATE **7-14-99**

CR2E034 (11/98)

**ADCOCK'S ACCOUNTING SERVICE
P.O. BOX 3863
OCALA, FLORIDA 34478
(352) 351-3833**

August 13, 1999

Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314
ATTN: SEAN TONER

RE: SUN STATE FILTRATION INC
REF # P96000032472

Mr. Toner:

In regards to your letter dated August 4, 1999 for the above Taxpayer, this letter is a request for an abatement of the Late fee of \$400.00.

Mr. Francis Attivissimo is the President, owner and only person in this Corporation. In March of 1999, Mr Attivissimo was taken into an emergency room of a Hospital in Miami, Florida with the possible signs of a Stroke. After many tests, it was discovered that he had, what is know as BELL'S PALSY. He was required to do more tests and studying to confirm the diagnosis. Although the doctors indicated this would be a temporary situation, Mr Attivissimo has never recovered from this Paralysis. Attached is an article on paralysis and on Neuritis, which descibes Mr. Attivissimo's condition. He is still unable to speak well and his facial features are still disfigured.

As the Accountant for Mr. Attivissimo, we filed the necessary Federal and State extensions for his 1998 tax returns. In July of 1999, he was able to get his information to us and we completed all the Corporation tax returns. Among the records brought in by our client was the Annual Report for the Department of State and was immediately sign and mailed. Mr. Attivissimo's has never been late with this Annual Report in the past and did not send this years report in late to avoid paying the Annual fees on time. This was not done fraudulently nor with the intent to avoid the fees, but was due to his medical condition and frame of mind to find that the condition was not temporary.

Your review of this matter will be greatly appreciated and we are requesting that you abate the additional penalty of \$400.00. Thank you, in advance, for your help in this matter and if anything further is needed, please do not hesitate to contact Mr. Attivissimo or this office.

Sincerely,


J.J. Adcock, Accountant