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

Mailing Address

702 SANTA MARGARITA LANE PUNTA GORDA FL 33950-6635

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000048319 (3)**

SUNLITE PRODUCTS, INC.

Principal Place of Business

702 SANTA MARGARITA LANE

PUNTA GORDA FL 33950

3. Date Incorporated or Qualified 3a. Date of Last Report 06/03/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0670689 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No 29 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GROSS, ERWIN M 702 SANTA MARGARITA LANE 82 Street Address (P.O. Box Number is Not Acceptable) PUNTA GORDA FL 33950 83 84 City 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. Stigrature. Expect or prich diname of registered agent and title if approable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. VICE PRESIDENT Addition DELETE Change THUE 1.1 TITLE DOWNH GRISS 1.2 NAME NAME TCA SANTA MARGARITA LANE STREET ADORESS 1.3 STREET ADDRESS PUNTA GORDA, FL 33950 CHY-51-28 1.4 CITY - ST - ZIP DELETE Change Addition 21 TITLE TIFIE 2.2 NAME NAMS 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - \$1 - ZIP DELETE ☐ Change ____ Addition 3 1 TITLE Illité 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST- ZIP CITY:S1:ZP Addition DELETE 4.1 TITLE Change TIFLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS CHY-ST-7IP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS City - ST - ZIP 5.4 CITY-ST-ZIP Change DELETE Addition 6.1 TITLE Till, f

6.2 NAME

14. I do 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

63 STREET ADDRESS 6.4 CITY - ST - ZIP

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

SIGNATURE:

NAME: STREET ADDRESS

0FY-\$1-76

3/13/97 941-637-9117

FILED

Apr 01 1997 8:00am

Secretary of State

(96/6) (6) **CR2E034**