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**

DOCUMENT # P96000048319 (3)

SUNLITE PRODUCTS, INC.

Principal Place of Business Mailing Address

FILED Apr 17 1998 8:00am Secretary of State



702 SANTA MARGARITA LANE 702 SANTA MARGARITA L PUNTA GORDA FL 33950 PUNTA GORDA FL 33950								
runia oon	VA FL 33830	FUNIA GONDA PL 33800			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified			
					06/03/1996			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	_	Applied For	
21 26					65-0670689	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					I & Cortificate of Status Desired		75 Additional e Required	
City & State City & State 23					6. Election Campaign Financing \$5.00 Trust Fund Contribution Added to			
Zip	Country	Zip	Coun	lry	8. This corporation owes or has paid the	current yea	ar Intangible	
24	25	29	30		Personal Property Tax due June 30.	Yes	□ No	
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Register	ed Agent		
	ioss, Erwin M		Įŧ	Name				
702 SANTA MARGARITA LANE PUNTA GORDA FL 33950				82 Street Address (P.O. Box Number is Not Acceptable)				
			[13				
			10	14 City		85	Zip Code	
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508. Florida Sta	atutes, the abo	ove-named co	rporation submits this statement for the purposition's board of directors. I hereby accept the	e of changi	na its registere	
SIGNATURE	Signature, typed or printed name of registere	Fagent and title if applicable (AND DIRECTORS	NOTE Registered	lgent signature requ	ulred when reinstaling) DATI ADDITIONS/CHANGES TO OFFICERS A		TORS IN 12	
TITLE	VP CHICENS	DELETE	1.1 T(TL	F -	ADDITIONS/CHANGES TO CITICEAS A	☐ Cha		
NAMÉ	GROSS, DONNA		1,2 NAM					
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NAME			5.2 NAM	E				
STREET ADORESS	!		5.3 STRE	ET ADORESS				

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 13 if changed, so on an affectment with an address.

5.4 CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

DELETE

Change

☐ Addition