## 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 #

P96000052290 (9)

SOUTHERN SUN GROUP, INC.

Principal Place of Business

Mailing Address

## FILED Mar 11 1998 8:00am Secretary of State



1135 SOUTH PASADENA AVENUE #140 1135 SOUTH PASADENA AVENUE #140 ST. PETERSBURG FL 33707 ST. PETERSBURG FL 33707 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/19/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-3249565 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MYERS, ROBERT J 1135 SOUTH PASADENA AVENUE #140 R2 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33707 В3 City Zip Code 65 11. Pursuant to the provisions of Sections 607.05:02 and 607.15:08, 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 607.05:05, Florida Statutes. SIGNATURE (NOTE Registered Agent signature 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE \_\_ Change ☐ Addition TITLE 1.1 TITLE BRAVE, MICHAEL NAME 12 NAME 8201 BAYSHORE DRIVE STREET ADDRESS 1.3 STREET ADDRESS TREASURE ISLAND FL 33706 CITY-ST-ZIP 14 CfTY - ST - ZIP ☐ DELETE TITLE 21 TITLE Change ■ Addition RUPP, DORIS NAME 2.2 NAME 6630 RENALDO WAY SOUTH STREET ADDRESS 2.3 STREET ADDRESS ST. PETERSBURG FL 33707 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME BRAVE, MICHELE 32 NAME STREET ADDRESS 8201 BAYSHORE DRIVE 3 3 STREET ADDRESS TREASURE ISLAND FL 33706 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELFTE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change ☐ Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS 5.<u>4 CITY - ST - ZIP</u> CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 suppliemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: MICHELE BRAVE