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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DE ANTINE DOF STATE

Sandra B. Mortham

**FILED** 

Jun 06 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000067651 (5)

SUN PROTECTION DETAILING, INC.

Principal Place of Business Mailing Address 2759 N.E. 32ND STREET 2759 N.E. 32ND STREET FT. LAUDERDALE FL 33306 FT. LAUDERDALE FL 33306-1507 3. Date Incorporated or Qualified 38. Date of Last Report 08/09/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0700979 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 🗌 Yes 🔀 No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HAYNES. STEVEN J 2759 N.E. 32ND STREET Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33306 83 84 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 Signature, typed or printed name of registered agent and title il applicable. (NOTF: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition HAYNES, STEVEN J NAME 1.2 NAME 2759 N.E. 32ND ST. 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33306 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-\$1-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 11116 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-\$1-ZIP DELETE Addition Change TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 

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 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.

6.4 CITY - ST - ZIP

CITY-ST-ZIP