

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

FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000071104 (9)**

1. Corporation Name  
**SUNTRONICS, INC.**



Principal Place of Business <b>4270 SOUTHWEST COUNTRY PLACE PALM CITY FL 34990</b>	Mailing Address <b>PO BOX 2071 PALM CITY FL 34991 US</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 917 S.E. Lincoln Ave.</b> Suite, Apt. #, etc. <b>22</b>		2a. Mailing Address <b>26 917 S.E. Lincoln Ave.</b> Suite, Apt. #, etc. <b>27</b>		3. Date Incorporated or Qualified <b>08/26/1996</b>	
City & State <b>23 Stuart, FL</b> Zip <b>24 34994</b>		City & State <b>28 Stuart, FL</b> Zip <b>29 34994</b>		4. FEI Number <b>65-0691173</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>25 USA</b>		Country <b>30 USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>DANIEL, GLORIA 4270 SW COUNTRY PL PALM CITY FL 34990</b>				10. Name and Address of New Registered Agent	
				81 Name <b>Gloria Daniel</b>	
				82 Street Address (P.O. Box Number is Not Acceptable) <b>917 SE Lincoln Ave.</b>	
				83	
				84 City <b>Stuart</b>	
				85 Zip Code <b>FL 34994</b>	

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 *Gloria Daniel* **4-23-98**  
Signature, typed or printed name of registered agent and for 7 applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARIANSKI, HENRYK			1.2 NAME	Marianski, Henryk		
STREET ADDRESS	4270 SOUTHWEST COUNTRY PLACE			1.3 STREET ADDRESS	7927 SE Sugar Pines Way		
CITY-ST-ZIP	PALM CITY FL 34990			1.4 CITY-ST-ZIP	Hobe Sound, FL 33455		
TITLE	VSTD	<input type="checkbox"/> DELETE		2.1 TITLE	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANIEL, GLORIA			2.2 NAME	Daniel, Gloria		
STREET ADDRESS	4270 SOUTHWEST COUNTRY PLACE			2.3 STREET ADDRESS	2003 SW Capri St.		
CITY-ST-ZIP	PALM CITY FL 34990			2.4 CITY-ST-ZIP	Palm City, FL 34990		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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.

SIGNATURE *Gloria Daniel* **4-23-98** **54-220-2211**

CR2E034 (10/97)