

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1998-1999	 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # <i>P96000073610</i> 1. Corporation Name SUN ISLAND TRADERS, INC.

Principal Place of Business 7447 NORTH WEST 57th STREET TAMARAC, FLORIDA 33319	Mailing Address 7447 NORTH WEST 57 STREET TAMARAC, FLORIDA 33319
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 9/3/96	3a. Date of Last Report APRIL 1998
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0695474		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent PITTER, CARL S. 7447 NW 57th STREET TAMARAC, FL 33319		10. Name and Address of New Registered Agent	
61 Name		62 Street Address (P.O. Box Number is Not Acceptable)	
63		64 City	
65 Zip Code		FL	

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 initial appointment) (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/T/D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, PHILLIP SHANE	12 NAME	
STREET ADDRESS	7447 NW 57th STREET	13 STREET ADDRESS	
CITY, ST, ZIP	TAMARAC, FL 33319	14 CITY, ST, ZIP	800002905278--6
TITLE	V/S/D <input type="checkbox"/> DELETE	21 TITLE	-06/15/99--01074--012
NAME	LEE, CAROL FAY	22 NAME	***300.00 ***300.00
STREET ADDRESS	7447 NW 57th STREET	23 STREET ADDRESS	
CITY, ST, ZIP	TAMARAC, FL 33319	24 CITY, ST, ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTER, CARL S	32 NAME	
STREET ADDRESS	7447 NW 57th STREET	33 STREET ADDRESS	
CITY, ST, ZIP	TAMARAC, FL 33319	34 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes. I further certify that the information contained 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 17, Florida Statutes, and that my name appears in Block 12 or Block 13, if required, or on an attachment with an address.

SIGNATURE: *Loose Shiller* **4/29/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

99 MAY 18 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (3/96)

**SUN ISLAND TRADERS, INC.
1571 Harbourside Drive
Ft. Lauderdale, FL 33326**

February 15, 1999

State of Florida
Annual Report Filings
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: 1997, 1998 & 1999 Annual Reports

Dear Sir/Madam:

Please be advised that I did not receive a 1998 annual report renewal form for my Corporation "Sun Island Traders, Inc." I called your office regarding this matter and was told that in this circumstance I can request a blank annual report form and submit it along with a check in the amount of \$300.00 and my reason for not filing on time. The payments will be \$150.00 for 1998 Annual Report and \$150.00 for 1999 Annual Report.

I have enclosed the completed annual report form along with a check in the amount of \$300.00 as instructed by your office. Please accept this payment and process the annual reports for 1998 and 1999.

Your kind consideration in this matter will be greatly appreciated.

Sincerely,

Phillip Shane Lee
President