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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Mar 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000076921 (1)

SUNDIAL INDUSTRIES U.S.A., INC.

Principa! Place	e of Business	Mailing Address			
4546 CLEARWATER HARBOR DRIVE 4546 CLEARWATER HARB LARGO FL 33770 LARGO FL 33770			OR ORIVE		
				3. Date Incorporated or Qualified 09/11/1996	3a. Date of Last Report
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	4	Suite, Apt #, etc		59-3401046	
Suite, Apt #, etc. 22 City & State		27		5. Certificate of Status Desired Services Servic	
23	#.Y	Crty & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Gountry		Country	This corporation has liability for in	
24	25	29	30		Yes No
	9. Name and Address of Curr		T. T.	10. Name and Address of New Reg	Y
MCF	KARNEY, WILLIAM		81 Name		
	6 CLEARWATER HARBOR DRI	Æ	82 Street Add	fress (P.O. Box Number is Not Acceptab	le)
LARGO FL 33770					
_ "'			63		
		•	84 City		85 Zip Code
		500 - 1007 4000 St 1		poration submits this statement for the p	FL 2 25 0000
office or r	registered agent, or both, in the Sta nm familiar with, and accept the ob	te of Florida. Such change was a	authorized by the corpora	ation's board of directors. I hereby accep	t the appointment as registered
	Signal to type dicel product name of registered		E: Registered Agent signature requ		DATE
12.	T	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D D	DELETE	1.1 TITLE		Change Addition
NAME	MCKARNEY, WILLIAM 4546 CLEARWATER HARBOR DRIVE		1.2 NAME		
STREET ADDRESS	LARGO FL 33770	K DRIVE	1.3 STREET ADDRESS		
CITY - ST - 7IP THILE	D	DELETE	1.4 CITY - ST - ZIP 2 1 TITLE		Change Addition
NAME	MCKARNEY, STEPHANIE	hand personal	22 NAME		
STREET ADDRESS	ACAR OLD COMMENTS IN DOOR DOOR		23 STREET ADDRESS		
CHY-SI-7/P	LARGO FL 33770	, WINVE	2 4 CITY+ST-ZIP		
TITLE		DELFTE	3 1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CHY+S1+Z#			3 4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STHEET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
THILE		DELETE	5.1 T∤TL€		Change Addition
NAME			5.2 NAME		
STREET ADURESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP		Change Addition
Trill		ניין הנונוג	6.1 TITLE		Li pronde Lii Addeon
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
14. Ldo here	Learnity that the information supp	hed with this filing does not quali	6.4 City-\$1-ZiP	ed in Section 119.07(3)(i), Florida Statutes	s. I further certify that the
informatio	on indicated on this annual report of	r supplemental annual report is to the receiver or trustee empower.	rue and accurate and the	at my signature shall have the same lega ort as required by Chapter 607, Florida S	l effect as if made under oath; that