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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # PORODORR315 (2)

FILED Jan 14 1997 8:00am Secretary of State

1. Corporation Name SUNATAN COMMUNITIES INC. Principal Place of Business Mailing Address 13554 CHERRY TREE CT 13554 CHERRY TREE CT FT MYERS FL 33912 FT MYERS FL 33912-5670										
							3. Date Incorporated or Qualified 10/23/1996	i 3a. Da	te of Last R	eport
	. Principal Place of Business			2a. Mailing Address			4. FEI Number		h	plied For
Suite. Apt. #, etc			26	Suite Apt # etc.						t Applicable
State. Apt #, etc			<u>-</u> -	27			5. Certificate of Status Desired		\$8.75 A	
City & State				City & State			6. Election Campaign Financing	~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
]			28			Trust Fund Contribution Added to Fees				
Z _i p	}n	ountry	Zip		Count	try	8. This corporation has liability for			199.032,
4	25]	Address of Curre	[29]		30		Florida Statutes 10, Name and Address of New I		No	
DEG		doress of Curre	iii negistered A	gent		11 Name	10, Name and Address of New I	Jagistelan y	48eur	
DESAI, VINCE 13554 CHERRY TREE CT					}:	<u> </u>				
FT MYERS FL 33912					18	Street Ac	dress (P.O. Box Number is Not Accept	able)		
					ε	13			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
)	4 City			85 Zip (Code
 Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statute office or registered agent, or both, in the State of Florida. Such change was ar 								FL		
SIGNATURE 12.	Segrecial Sypercomputers		ND DIRECTORS	In (NOT	13.		nured when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTOR	RS IN 12
NAME	DESAI, VINCE				1.2 NAM	1				
STREET ADDRESS					1.3 STRI	1000cce				
CHY+S1-ZIP	FT MYERS FL	33912				TEL MONRESS				
TITLE					1.4 CITY	-ST-ZIP				
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				DELETE	2 1 TITL 2 2 NAM	- ST- ZIP E		··	☐ Change	Addition
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CITY-ST-77P TITLE				DELETE	2 1 TITL 22 NAM 2.3 STRI 2.4 GIT 3 1 TITL	E EET ADORESS Y-ST-ZIP		***************************************	☐ Change	
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CITY-ST-739 TITLE NAME STREET ADDRESS CHY-ST-219 TITLE NAME				DELETE	2 1 TITL 2 2 NAN 2 3 STRI 2 4 CIT 3 1 TITL 3 2 NAN 3 3 STR 3 4 CIT 4 1 TITL 4 2 NAI	- ST-ZIP E EET ADDRESS Y- ST-ZIP E EET ADDRESS Y- ST-ZIP E EET ADDRESS Y- ST-ZIP E			☐ Change	Addition
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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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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