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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

# DOCUMENT # P96000099819 1. Corporation Name

SUN DISTRIBUTING, INC.

# Jun 17, 1999 8:00 am Secretary of State

06-17-1999 90005 014 \*\*\*550.00



Principal Place	e of Business	Mailing Address			
25 S.E. 2ND AV	VENUE	25 S.E. 2ND AVENUE			
MIAMI FL 33131	<del>I−</del>	. <del>MIAMI FL 33131 -</del>		DO NOT WRITE IN THIS SPA	CE
				3. Date Incorporated or Qualifed	<u> </u>
				,	
<del></del>		At-92- Add- as		12/10/1996 4. FEI Number	Applied For
	lace of Business	2a. Mailing Address	· nc= c=	· · ·	Not Applicable
21 200			<u>1K21 21</u>		3.75 Additional
Suite, Apt.		Suite, Apt. #, etc.	_	E Carifacta of Status Decised	Fee Required
22 SUIT		27 SUITE 700			<del></del>
City & State		City & State		1 **	5.00 May Be Added to Fees
23 MIAH		28 MIAMI, FL	Country	110011011011011111111111111111111111111	
Zip	Country	Zip 29 33131 30	1	This corporation owes the current year Intangib  Personal Property Tax    Y   Y      Y   Y      Y   Y      Y   Y	
24 3313			03/4	Personal Property Tax. UTY  10. Name and Address of New Registered Agen	
	9. Name and Address of Current	Registered Agent	81 Name		
KAL	B, STUART R		J. Hairi		
	7 NO BAYSHORE DRIVE STE 334	7	82 Street Address (P.O. Box Number is Not Acceptable)		
	MI FL 33132		-		
MIAN	MI FL 33132		83		
			84 City	F. 85	Zip Code
				FL   "	
11. Pursuant	registered agent or both in the State o	f Florida. Such change was autho	orized by the cor	d corporation submits this statement for the purpose of chan poration's board of directors. I hereby accept the appointmen	nt as registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes.		
agent. I a					
agent. I a	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Rec	gistered Agent signature	e required when reinstating)  DATE  DATE  DESCRIPTION OF THE PROPERTY AND DESCRIPTION OF THE P	DECTORS IN 12
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered egent OFFICERS AND	and title if applicable. (NOTE: Reg	gistered Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DI	
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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 an an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

GNING OFFICER OR DIRECTOR

181 891 8954