

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90120 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000104311

1. Corporation Name
 SUNPRISES CONSTRUCTION, INC.



Principal Place of Business: 146 SHADY LANE, FREEPORT FL 32439, US
 Mailing Address: 146 SHADY LANE, FREEPORT FL 32439, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/23/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3434764	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		6. Election Campaign Financing Trust Fund Contribution	
25		30		<input type="checkbox"/> \$5.00 May Be Added to Fees <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax	
POST, CARL 117 SHADY LANE FREEPORT FL 32439				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
POST, CARL 117 SHADY LANE FREEPORT FL 32439				81 Name			
				82 Street Address (P O Box Number is Not Acceptable)			
				83			
				84 City			
				FL			
				85 Zip Code			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1 1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POST, CARL			1 2 NAME			
STREET ADDRESS	117 SHADY LANE			1 3 STREET ADDRESS			
CITY-ST-ZIP	FREEPORT FL			1 4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2 1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAXWELL, KIMBERLY			2 2 NAME			
STREET ADDRESS	117 SHADY LANE			2 3 STREET ADDRESS			
CITY-ST-ZIP	FREEPORT FL			2 4 CITY-ST-ZIP			
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, with all other like empowered.

SIGNATURE: Kimby Maxwell Date: 3/13/99 Daytime Phone #: 850-835-4130

CR2E034 (11/98)