03-24-1999 90071 030 ***150.00

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 # P9700004660 1. Corporation Name

SUNSTATE WHOLESALE, INC.

1										
Principal Pl	Place of Business Mailing Address							Bairi bibin Bil		
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STE. B										
	IEE FL 34741 KISSIMMEE FL 34741						DO NOT WRITE IN THIS	SPACE		
i	· !					3. Date Incorporated or Qualifed				
	;									
Principal Place of Business 2a. Mailing Address			_				4. FEI Number	A	pplied For	
21	26						<u>59-3427598</u>	N	lot Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	•	Additional	
27							5. Certificate of Status Desired	Fee F	Required	
City & S	tate	City & State	ity & State				6. Election Campaign Financing		May Be	
23		8					Trust Fund Contribution	Added	to Fees	
Zip	Country Zip Cou						8. This corporation owes the current year In			
24	25 29 30			Personal Property Tax. Yes No			No			
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
ANDARI MAA IALIAT				81	Name	e				
ANSARI, WAJAHAT				82	Street Ad	et Address (P.O. Box Number is Not Acceptable)				
3179 ARROWHEAD LN KISSIMMEE FL 34746										
K	•		83							
i				84	City			85 Zip	Code '	
							FI	<u>- -</u>		
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorized 						orpor ation	ration submits this statement for the purpose of i's board of directors. I hereby accept the appo	changing ii intment as i	egistered e	
s/agent. 1 am.fanfiliar with, and ∌ccept the obligations of, Section 507.0505, Florida Statutes.									1	
SIGNATUE	RE logical fleres WAJ	SHAT HOUSARI					$2 \cdot 2$	2.99	\	
-	Signature, typed or printed name of registered agent a		Registered 13.	Agen	nt signature req	urred v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	_	OPS IN 12	
12.				1.1 TITLE			ADDITIONS/CHANGES TO OFFICERS A	Change		
TITLE	1 '			1.2 NAME				- '	_ 1	
NAME ì	DATO ADDOLUTED LAND				I.3 STREET ADDRESS					
STREET ADDRE				I CITY-ST-ZIP				ĺ		
CITY-ST-ZIP .	KISSIMMEE FL 34746 VP ✓ DELE		2.1 Ti		1-212			☐ Change	☐ Addition	
TITLE	VP			2.2 NAME				- '	_	
NAME !	200 2000			2.3 STREET ADDRESS			{			
STREET ADDR	1/100H416FE FL 0474C				i i				}	
CITY-ST-ZIP			2.4 C		31-ZIP	1/	Parent	Change	Addition	
TITLE	ST ACIES MIDZA K			NAME A		V . Де	THA, MIRZAK 73 HARBIN DRIVE	~ ·	_	
NAME	AGIFA, MIRZA K			3.3 STREET ADDRESS 14		14	73 HARBIN DRIVE		}	
STREET ADDR					T-ZIP	'n,	SSIMMEE, FL. 34744			
TITLE !	MODIMINEE FL 34/44	NISSIMMEE PL 34/44 34.17			11- ZIF	/.	www.r	☐ Change	Addition	
NAME :		<u></u>	4.2N		-	٠				
1					TADDRESS					
STREET ADDR			4.4 CI							
CITY-ST-ZIP TITLE		DELETE -	5.1 TI		1- ZIF			☐ Change	Addition	
NAME '	•	<u></u>	5.2 N					_		
STREET ADOR	ree!		5.3 \$1	TREE	TADDRESS				\	

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 of 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

☐ Addition