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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000010795 (7)
SU-RAY, INC.

OO IIATT IIIO

Principal Place of Business Mailing Address

7105 ALDERWOOD DRIVE SARASOTA FL 34243 7105 ALDERWOOD DRIVE SARASOTA FL 34243

FILED May 08 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE

| | | | | | 3. Date Incorporated or Qualified | | |
|--|---|----------------------------------|---|----------------|--|------------------|----------------|
| | | | | | 01/30/1997 | | |
| 2. Principal Place of Business | | 2a. Mailing Address | 2a. Mailing Address | | 4. FEI Number | ^A | Applied For |
| 21 | | 26 | | | 65-0816494 | <u> </u> | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | Additional |
| 22 | | 27 | | | 6. Certificate of Status Desired | Fee F | Required |
| City & State | 9 | City & State | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | | 28 | | | Trust Fund Contribution | Added | 1 to Fees |
| Zip | Country | Zip | Country | 1 | 8. This corporation owes or has paid the cur | rent year lr | ntangible |
| 24 | 25 | 29 | 30 | | | | □ No |
| <u></u> | 9, Name and Address of Current | Registered Agent | | r | 10. Name and Address of New Registered | Agent | |
| KING, MAX E | | | | 81 Name | | | |
| 7105 ALDERWOOD DRIVE | | | | Street | Address (P.O. Box Number is Not Acceptable) | | |
| SA | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | 83 | | | | |
| | | | - | 02 | | | |
| , las | • | | 84 | City | FI | 85 Zip | Code |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607,1508, Florida Statu | tes, the above | e-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 | | | | | | | |
| 12. | OFFICERS AND | | 13. | on Brutature | a required when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND | DIRECTO | 100 IN 12 |
| mue | STD | DELETE | 1.1 TITLE | | ADDITIONS/OF ANGES TO OF TIGERS AND | Change | |
| HAME | MIESCH, SUE R | | 1.2 NAME | | | C Outsings | |
| | 8600 29TH AVENUE EAST # | 100 | | | | | 19 |
| STREET ADDRESS | | 190 | 1.3 STREET | | | | |
| CITY-ST-ZIP | PALMETTO FL 34221 | D be cre | 1.4 CITY-S | T-ZIP | <u> </u> | T-1 2. | |
| ME | VD | ☐ DELETE | 21 TITLE | | | Change | Addition |
| HAME | MIESCH, RAYMOND A | | 2.2 NAME | | | | |
| STREET ADDRESS | 8800 29TH AVENUE EAST # | 198 | 2.3 STREET | ADDRESS | Jan. 1 | | 1 |
| CITY-ST-ZIP | PALMETTO FL 34221 | | 2. 4 CITY - S | ST - ZIP | | | |
| TITUE | | ☐ DELETE | 3 1 TITLE | | | Change | Addition |
| HAME | | | 3.2 NAME | | | | İ |
| STREET ADDRESS | | | 3 3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CITY - S | ST-ZIP | <u> </u> | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | ☐ Change | Addition |
| NAME | | | 4. 2 NAME | | | | - 1 |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | | | - |
| CITY-ST-ZIP | | | 4.4 CITY - S | T-ZIP | | | { |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | Change | ☐ Addition |
| NAME | | | 5 2 NAME | | | | į |
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY - 5 | | | | |
| TITLE | | ☐ DELETE | 61 TITLE | , <u>f.</u> lt | | Change | Addition |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | | *DDDCCC | | | |
| 1 | • • | | 6.3 STREET | | | | |
| 14. I hereby c | ertify that the information supplied will | h this filing does not qualify 6 | 6.4 City-St | | Ad in Section 119 07/3/ii) Florida Statuton I further an | atifu that th | e information |
| 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. | | | | | | | |