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 # 1. Corporation Name P97000010893 (0)

SUNSCAPE VENTURES, INC.

FILED Apr 24 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | | | |
|--|---|--|----------|--------------|---|--|--|
| 4305 8 SEMORAN BLVD #2 ORLANDO FL 32822 | | 3936 S SEMORAN BLVI SUITE 361 ORLANDO FL 32822 | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | 3. Date Incorporated or Qualified 01/31/1997 | | |
| 2. Principal | Place of Business | 2a. Mailing Address | | | 4. FEI Number Applied For | | |
| | | Suite, Apt. #, etc. | , etc. | | SR 75 Additional | | |
| 22 | - | | | | 5. Certificate of Status Desired Fee Required | | |
| City & St | ty & State City & State | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | |
| Zip | Country | Zip | Coun | try | 8. This corporation owes or has paid the current year Intangible | | |
| 24 | 25 9. Name and Address of Curr | 29 | 30 | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent | | |
| | | ent negistered Agent | | 1 Name | | | |
| JOHNSON, OLLIE L IV 4305 S SEMORAN BLVD #2 | | | _ | | | | |
| ORLANDO FL 32822 | | | | | eet Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 13 | | | |
| | | | Ī | 4 City | FL 85 Zip Code | | |
| 11. 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 authorize agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida State. | | | | by the co | ned corporation submits this statement for the purpose of changing its registered | | |
| SIGNATURE | | | | | ature regured when reinstaling) DATE | | |
| 12. | Stoneture, typed or printed name of registered. OFLICERS A | ND DIRECTORS | 13. | deni signaru | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | DV | DELETE | 1.1 Tifu | E | Change Addition | | |
| NAME | JOHNSON, OLLIE L | | 1.2 NAM | ΙE | | | |
| STREET ADDRESS | · • | 12 | 1.3 STR | ET ADDRESS | ss | | |
| CITY-ST-ZIP | ORLANDO FL 32822 | | _ | - ST - ZIP | | | |
| TITLE | DP DANGUE | DELETE | 2.1 TITL | | L Change L Addition | | |
| NAME | BROACH, DANELLE S 6854 FALLBROOK PL #20 | Ė | 2.2 NAN | | | | |
| STREET ADDRESS | ORLANDO FL 32821 | 3 | 1 | ET ADDRESS | 38 | | |
| CITY-ST-ZIP TITLE | ONDANDO FE 32021 | DELETE | 3.1 TITL | /-ST-ZIP | ☐ Change ☐ Addition | | |
| NAME | | | 3.2 NAM | | | | |
| STREET ADDRESS | s | | 4 | et address | ss | | |
| CITY-ST-ZIP | | | 1 | /-ST-ZIP | | | |
| TITLE | - | DELETE | 4 1 TITL | | Change Addition | | |
| NAME | | | 4. 2 NAI | AE. | | | |
| STREET ADDRESS | s | | 4.3 STR | et address | ss | | |
| CITY-ST-ZIP | <u> </u> | | 4.4 C(I) | -ST-ZIP | | | |
| TITLE | | ☐ DELETE | 5 1 TITL | E | ☐ Change ☐ Addition | | |
| NAME | | | 5.2 NAN | | | | |
| STREET ADDRESS | s | | 5 3 STR | eet address | SS | | |
| CITY-ST-ZIP | | | | - ST - ZIP | | | |
| TITLE | 1 | ☐ DELETE | 6 1 TITL | | L. Change . Addition | | |
| NAME | | | 6.2 NAN | | | | |
| STREET ADDRESS | S | | | EET ADDRESS | SS | | |
| CITY-ST-ZIP | | | 6.4 C(T) | - 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.

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