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

**CORPORATION** ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## **FILED** Jun 05, 2000 8:00 am Secretary of State 06-05-2000 90719 031 \*\*\*150.00

SUNSTO	ONE VENTURES, INC.						!! <b>     </b>		
Principal Place of Business 209 CORAL ROAD VENICE FL 34293		Malling Address 209 CORAL ROAD VENICE FL 34293	_ /			,			
US		US				DO NOT WRIT 3. Date Incorporated or Qualifed	E IN THIS :	SPACE	<u>.</u>
·	Place of Business	2a. Malling Address				03/11/1997 4. FEI Number			Applied For
Suite, Apt. #, etc.  City & State		26 Suite, Apt. #, etc. 27 City & State			65-0652967  s. Certificate of Status Desired		\$8.75 Additional		
					Fee Required  S Section Compaign Financing  \$5.00 May Po				
Zip	Country	Zip	Cour	ntry	<del></del> -	Trust Fund Contribution  8. This corporation owes the curre	ent veer inta	. <u> </u>	ed to Fees
<u> </u>	9. Name and Address of Curre	29 ont Registered Agent	30	<del></del>		Personal Property Tax.  10. Name and Address of New R		☐ Yes	No
0.12		,		81 Nan	ne			<u></u>	
STOLTE, DOROTHY A 209 CORAL ROAD				82 Street Addres		ss (P.O. Box Number is Not Accepta	ble)		
VEN	IICE FL 34293		į	83					
	•		}	84 City			FL	85   Z	ip Code
		ations of, Section 607,0505,	is authorized Florida Statu	by the co tes	rporation	ration submits this statement for the r's board of directors. I hereby accept		ment as	registered
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A	ent and little if applicable. (N ND DIRECTORS	OTE: Registered A	ngami signati.			DATE	DIREC	TORS IN 12
SIGNATURE 12. TILE VAME	Signature, typed or printed name of registered ag OFFICERS A	ant and little if applicable, (N	OTE: Registered A  13. 1.1 TITL 1.2 NAA	Agent Bignets E 4E	re required v	when reinstating)	DATE		TORS IN 12
SIGNATURE  12.  TILE  IAME  STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A P STOLTE, MARGARET L	ent and little if applicable. (N ND DIRECTORS	13. 1.1 TITL 1.2 NAA 1.3 STR	ngami bignati. E	re required v	when reinstating)	DATE FICERS AND	DIREC ☐ Chan	TORS IN 12
SIGNATURE  12.  IIILE  KAME  STREET ADDRESS  CITY-ST-ZP  IIILE	Signature, typed or printed name of registered ag OFFICERS AI P STOLTE, MARGARET L 209 CORAL ROAD VENICE FL 34293	ent and little if applicable. (N ND DIRECTORS	13. 1.1 TITL 1.2 NAA 1.3 STR	E AE EET ADDRE Y-ST-ZIP E	re required v	when reinstating)	DATE FICERS AND	DIREC	TORS IN 12
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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 trustae empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.