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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # POZOGOGOGO

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90147 025 ***150.00

Corporation Name	1 97000020200	
SUNTASTIC INC.		
		# HOUSTON HER ROLLING BEACH BURN COME BURN COME BURN COME OF THE COME HAVE A HER COME AND A COME A COME A COME

Principal Place of Business Ma		Mailing Address	Mailing Address						
9776 BEACH BLVD JACKSONVILLE FL 32246 US		9776 BEACH BLVD JACKSONVILLLE FL 32246 US			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 03/24/1997			
2. Principal Pla	ce of Business	2a. Mailing Addr	ess			4. FEI Number		Applied For	
21		26				65-0737386		Not Applicable	
. Suite, Apt. #	, etc.	Suite, Apt. #,	, etc.			5. Certifcate of Status Desired		75 Additional e Required	
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees	
Zip	Country 25	Zip 29	Count	гу		This corporation owes the current year Personal Property Tax.	Intangible X	□No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
ADDIA	N MINOR		8	11	Name				
9776 BEACH BLVD		8	2	Street Addres	ess (P.O. Box Number is Not Acceptable)				
SUITE 101 JACKSONVILLE FL 32246			8	3					
JACA	ONVILLE I E 32270		8	4	City	F	L 85	Zip Code	
44 5	4b isis4 0 tis 607 0	1502 and 607 1509 Flori	do Statutos the abo		named corner	ration submits this statement for the purpose	of changin	g its registered	

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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: F	legistered Agent signature re	equired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12
TITLE	PD DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	BICKLER, BLAIR	1.2 NAME		•	
STREET ADDRESS	4837 N.W. 57 LANE	1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33067	1.4 CITY-ST-ZIP			
TITLE	VPD ☐ DELETE	2.1 TITLE	•	☐ Change	Addition
NAME	MINOR, ADRIAN	2.2 NAME			
STREET ADDRESS	4837 N.W. 57 LANE	2.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33067	2. 4 CITY-ST-ZIP			
TITLE	☐ DELETE	31 TITLE	•	☐ Change	☐ Addition
NAME		3.2 NAME		•	
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE	☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE		Change	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:

Adrian Minor

Vice President

1/15/99

(904) 996-1616

Daytime Phone #

2E034 (11/98)