

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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90270 003 \*\*\*150.00

DOCUMENT # P97000033680

1. Corporation Name  
SUNNY SKY, INC.



Principal Place of Business  
501 CONSTRUCTION LANE  
LEHIGH FL 33936

Mailing Address  
501 CONSTRUCTION LANE  
LEHIGH FL 33936

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1997

4. FEI Number

95-3808852

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 420 LEE BLVD

26 P.O. Box 687

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 LEHIGH ACRES, FL.

28 LEHIGH ACRES, FL.

Zip

Country

Zip

Country

24 33936

25 USA

29 3397006870

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEEKIN, JOHN C  
21202 OLEAN BLVD.  
SUITE C-2  
PORT CHARLOTTE FL 33952

81 Name

Lorenz, Sigfried

82

420 Lee Blvd. (P.O. Box Number is Not Acceptable)

83

84

City Lehigh Acres

FL

33936

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

SIGFRIED LORENZ

4-1-1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME FUCHS, MANFRED  
STREET ADDRESS 421 MCKINLEY AVE  
CITY-ST-ZIP LEHIGH FL 33936

1.1 TITLE P/D/T ☐ Change ☒ Addition  
1.2 NAME Fuchs, Florian  
1.3 STREET ADDRESS 420, Lee Blvd.  
1.4 CITY-ST-ZIP Lehigh Acres FL33936

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE V/D/S ☐ Change ☒ Addition  
2.2 NAME Fuchs, Tobias  
2.3 STREET ADDRESS 420, Lee Blvd.  
2.4 CITY-ST-ZIP Lehigh Acres FL 33936

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGFRIED LORENZ

Date

Daytime Phone #

CR2E034 (11/98)