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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P97000035924**1. Corporation Name

SUN TUNNEL SKYLIGHTS T.F.L.E., INC.

Pri	ncipal Place	e of Business	5	М	ailing Address										
				NNSWOOD CT											
LONGWOOD FL 32779 LON				IGWOOD FL 32779				DO NOT WRITE IN THIS SPACE							
										2 Data Incom			TIS SPACE		
										04/21/19		urea			
2.	Principal P	lace of Busin	ess	2a	. Mailing Addres	S\$				4. FEI Numb				App	lied For
21 26							59-3450767				Not	Applicable			
\Box	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate	5. Certificate of Status Desired See Required						
City & State				City & State				6 Election C	ampaign Financ	ina _	\$5	00 6	May Re		
23 28								6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees							
	Zip		Country		Zip		Countr	у		8. This corpo	ration owes the	current year	Intangible		
24					30				Personal F	Property Tax.	•	Yes	. 1	□No	
=-1			and Address of	Current Regis	stered Agent		'			10. Name and	Address of N	ew Register	ed Agent		
			•				81	1 N	lame						
BREEN, MARIE-JOSE'				02	1 0	trant Addro	dress (P.O. Box Number is Not Acceptable)								
	981	INNSWOOD	O CT			82 Street Addi				988 (P.O. BOX NO	imber is Not Act	septable)			
	LON	GWOOD FL	. 32779				83	3	40.1	·*·					
^							84	• C	City	-n		F	EL 85	Zip C	ode
44	Burguent	to the proviei	ions of Sections 6	07 0502 and 6	07 1508 Florida	Statutes	s the abov	/e-na	amed corpor	ration submits th	nis statement for	the purpose	of changin	a its r	egistered
1,1.	office or re	egistered ago	ent, or both, in the	State of Flori	da. Such change	e was aut	thorized by	v the	corporation	n's board of direc	ctors. I hereby a	ccept the ap	pointment a	as reg	istered
	agent. I a	m familiar wit	th, and accept the	obligations of	, Section 607.05	05, Floric	da Statute:	S.							
SIG	NATURE									1 1 1 1 1 1 1 1 1		DATE:	in in this	4	
	NATURE .	Signature, typed	or printed name of regist				Registered Age		nature required v	when reinstating)	VOUANCES TO	DATE			
12.				tered agent and title RS AND DIRE	CTORS	(NOTE: R	Registered Age		nature required v		CHANGES TO		AND DIRE	CTOF	RS IN 12
12.		D	OFFICE			(NOTE: R	13.	ent sig:	nature required v		CHANGES TO			CTOF	
12.	E	D Breen, M	OFFICE		CTORS	(NOTE: R	13. 1.1 TITLE 1.2 NAME	ent sig: 			CHANGES TO		AND DIRE	CTOF	RS IN 12
12. TITLE NAMI	E EET ADDRESS	D Breen, M 981 INNS	OFFICE MARIE-JOSE' WOOD CT		CTORS	(NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent sign	DRESS		CHANGES TO		AND DIRE	CTOF	RS IN 12
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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 chapted, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

3 - 2 6 - 99
Date Daytime Priore #