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**

DOCUMENT # P97000044118

SUNFLOWER JEWERLY CONTRACTOR INC.

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Principal Place	e of Business	Ma	iling Address					1 (891(881 159 1951) 1	IIII BBIII 8	(0 11) BU 11	II UBIII B	1811 91991 178		(811 180)
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 		- 1 -	** W * 11					05/19/1997 4. FEI Number				- 1 1 /	Applied	1 Eor
	lace of Business	 	Mailing Address			چار شعری .	اء سبب	65-0756911				<u> </u>	• •	plicable
21		26	Cuita Ant # oto					00-0700011				\$8.75		
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City & State	<u> </u>	27	City & State				_	6. Election Campaign Fi	inancino			\$5.0		
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Zip	Country	20	Zip	Cou	ntry	- 1	-	8. This corporation owe		rrent ve	ear Inta			
24	25	29	F	30	•			Personal Property Ta		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	K k	4 ⁄2
	9. Name and Address of Curren		tered Agent	100,	_	····		10. Name and Address		Regis	tered /	Agent		*
	3. Hamo and Hamos ar almost				81	Name								
BRUI	NO, EMILDA							(D.C. Davidson in Ma	4 4	table)				
4930	N.W. 180 TERRACE				82	Street A	agares	s (P.O. Box Number is No	и Ассер	(able)				l
MAIM	MI FL 33055				83							1		1
					Ш							· .		
					84	City					FL	85 Zip	Code	• '.
11 Pursuant	to the provisions of Sections 607.050	2 and 6	07.1508, Florida Statut	es. the a	bove	e-named c	corpora	ation submits this stateme	nt for th	e purpo	ose of	changing i	ts regi	stered
office or re	egistered agent or both in the State :	of Florid	ia. Such change was a	iuthorized	l by I	the corpoi	ration'	s board of directors. I here	eby acce	ept the	appoir	ntment as	registe	ered
agent. I ai	m familiar with, and accept the obligat	tions of	, Section 607.0505, Fit	iliua Stati	JIGS.	•								ł
SIGNATURE	2- 1 7.1.1													
OIOIWI OIL	Standard broad or printed name of registered agen	nt and title		: Registered	Agent	t signature rec	quired w	hen reinstating)		D/	ATE			
	Signature, typed or printed name of registered agen OFFICERS AN		if applicable. (NOTE	: Registered	Agent	t signature red	quired w	hen reinstating) ADDITIONS/CHANGE	S TO 0			D DIRECT	ORS	IN 12
12.			if applicable. (NOTE			t signature rec	quired w		S TO 0			D DIREC		IN 12 Addition
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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 changed, or of the attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

EMILDA BRUNO

Date

03-18-99

FILED

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90003 039 ***150.00