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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000049176

1. Corporation Name
SUNNY BIPPUS INTERIORS, INC.



Principal Place of Business: **289 QUEENS CT WEST PALM BCH FL 33401**
 Mailing Address: **289 QUEENS CT WEST PALM BCH FL 33401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/02/1997**

4. FEI Number: **65-0758455** 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: **21 284 QUEENS COURT** 2a. Mailing Address: **26 284 QUEENS COURT**

Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**

City & State: **23 W. PALM BEACH, FL** City & State: **28 W. PALM BEACH, FL**

Zip: **24 33401** Country: **25 USA** Zip: **29 33401** Country: **30 USA**

9. Name and Address of Current Registered Agent

BIPPUS, MARGARET C
~~289 QUEENS CT~~
WEST PALM BCH FL 33401

10. Name and Address of New Registered Agent

81 Name: **BIPPUS, MARGARET C.**

82 Street Address (P.O. Box Number is Not Acceptable): **284 QUEENS COURT**

83

84 City: **W. PALM BEACH** FL 85 Zip Code: **33401**

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BIPPUS, MARGARET C.	
STREET ADDRESS	289 QUEENS STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BIPPUS, MARGARET	
1.3 STREET ADDRESS	284 QUEENS COURT	
1.4 CITY-ST-ZIP	W. PALM BEACH, FL 33401	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Margaret C. Bippus
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99

(561) 933-9823
 Daytime Phone #

CR2E034 (11/98)