

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90230 041 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000050490

1. Corporation Name
SUNDIR INC OF DUNDEE

Principal Place of Business 7425 US HWY 98 NORTH APT 9 LAKELAND FL 33809	Mailing Address 302 LAKE GEM PKWY AVE WINTER HAVEN FL 33881 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2885, HAVENDALE BLVD	2a. Mailing Address 26 2885, HAVENDALE BLVD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Winter Haven - FL	City & State 28 Winter Haven - FL
Zip 24 33881 25 POLK	Zip 29 33881 30 POLK

3. Date Incorporated or Qualified 06/09/1997	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3450573	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PATEL, SURESH R
7425 US HWY 98 NORTH
APT 9
LAKELAND FL 33809

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	PATEL, ANIL P
STREET ADDRESS	302 LAKE GEM PKWY AVE
CITY-ST-ZIP	WINTER HAVEN FL 33881
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	PATEL, NITA B
STREET ADDRESS	302 LAKE GEM PKWY AVE
CITY-ST-ZIP	WINTER HAVEN FL 33881
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	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Suresh Patel
3.3 STREET ADDRESS	1905 18th St. N.W.
3.4 CITY-ST-ZIP	Winter Haven, FL 33881
4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Sarka A. Shah
4.3 STREET ADDRESS	212 24th Court S.W.
4.4 CITY-ST-ZIP	Winter Haven FL 33880
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: Patel Anil P. V.P. 03-02-99 941-967 0208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)