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 Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90085 031 ***150.00

DCUMENT # P97000058792

DNDER'S SUNNY FLORIDA, INC.

Place of Business

Mailing Address

S.E. 17TH PLACE CORAL FL 33904 3724 S.E. 17TH PLACE CAPE CORAL FL 33904



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

					ĺ	07/03/1997			ĺ
Place of Business	2a. Mailing A	idress				4. FEI Number	A	Applied For	ı
	26				}	65-0786005		Not Applicable	l
Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired	1 1	Additional Required	ŀ
& State City & State						6. Election Campaign Financing	<u> </u>	0 мау Ве	l
	28	28			į	Trust Fund Contribution Added to Fees			
Country	Zip		Country			8. This corporation owes the current year Intangible			
25	29	30	30			Personal Property Tax. Yes No			
9. Name and Addres	s of Current Registered Age	nt				10. Name and Address of New Re	gistered Agent		ł
	•		8	1 Nan	ie				İ
SEEMANN, ERNEST A ESO				82 Street Address (P.O. Box Number is Not Acceptable)					
4729 DEL PRADO BOULEVARD							·		1
CAPE CORAL FL 33904			8	3		1 19 A	_		İ
			9	4 City			85 Zir	Code	İ
							FL T		
asuani to the provisions of Sections of Sections are registered agent, or both, in the lambda acceptable and acceptable and acceptable and acceptable acceptable and acceptable	in the State of Florida. Such ch	ange was auth	norized b	ov the co	rporation'	ation submits this statement for the pi 's board of directors. I hereby accept	the appointment as	registered	
Signature, typed or printed name of	of registered agent and title if applicable.	(NOTE: Re	igistered Aç	jent signati	re required w	vhen reinstating)	DATE		a
OF	FICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFI			(11/98)
0] DELETE	1.1 TITLE		1		☐ Change	e 🔲 Addition	
SONDER, KARLHEINZ			1.2 NAME					ì	2E034
3724 S.E. 17TH PLA	CE		1.3 STRE	ET ADDRE	38			Į	Ĭ
ZIP CAPE CORAL FL 33	904		1.4 CITY	-ST-ZIP					ğ
) DELETE	2.1 TITLE	•			☐ Change	e 🔲 Addition	١٠
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			2.3 STR	ET ADDRE	SS	•		}	}
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			4.3 STR	ET ADDRE	ss			ŀ	1
ZID		<u> </u>	4.4 CITY	-ST-ZIP					1
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i			5.3 STR	ET ADDRE	ss			ļ	
ZIP			5.4 CITY					[
		DELETE	6 1 TITLE	Ē	- [☐ Change	e 🔲 Addition	ĺ
	/ /		6.2 NAM	F					1

certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is the annual report or suppliementar annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an undirector of the corporation or the receiver of muster employee the same legal effect as if made under path; that I am an undirector of the corporation or the receiver of muster employee this report as required by Chapter 607, Florida Statutes; and that my name appears in 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. 12 or Block 13 if changed, or on an

6.3 STREET ADDRESS 64 CITY-ST-ZIP