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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANN	ual report ( <b>1998</b>	Secretary DIVISION OF CO		Secretary of State
DOCUMENT # P9700061991 (0)				
SUN STATE INVESTORS GROUP, INC.				
Principal Place of Business Mailing Address				T 16811000 310 JOIN 10011 68114 06134 00114 ODIIA OTIIA OTIIA OTIIA OTIIA OTIIA ITIIA 1441 1603
2831 RINGLING BOULEVARD 2831 RINGLING BOULEVAR			<b>)</b>	}
UNIT 123F SARASOTA I	FI 34237	UNIT 123F SARASOTA FL 34237	2*	DO NOT WRITE IN THIS SPACE
		0.0000000000000000000000000000000000000	÷	3. Date Incorporated or Qualified
				07/17/1997
2. Principal Place of Business		2s. Malling Address		4. FEI Number Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del></del>	SR 75 Additional
上 <del></del>		27		5. Certificate of Status Desired Fee Required
City & State City & State		City & State		Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip 3	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No
[24]		of Current Registered Agent	<u> </u>	10. Name and Addrass of New Registered Agent
AMERII AWYER CHARTERED 81 Name / .				· T // / ·
343 ALMERIA AVENUE			82 Street Add	dress (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33134			2075	Main St.
			83 Sui	ta 14
			84 City	85 Zip Code
SARAS JA FL 3 7237  11. Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes the shove-named cornoration submits this statement for the purpose of changing its registers				
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, 1 am 14miliar with, and accept the obligations of Section 607.0505, Florida Statutes.				
SIGNATURE	arri arrivativi arro accept	22 WOK DE	da Otatutos.	4/8/91
l			Registred Agent eignature requ	/
12.	OFFI PSTD	ICERS AND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   Change   Addition
TITLE NAME	HARMON, RICHARD	—	1.1 TITLE 1.2 NAME	Change Li Adomon
STREET ADDRESS	2831 RINGLING BOL		1.3 STREET ADDRESS	18
CITY-ST-ZIP	SARASOTA FL 3423		1.4 CITY-ST-ZIP	İ
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	İ
STREET ADDRESS	ļ		2.3 STREET ADDRESS	}
CITY-ST-ZIP	<u> </u>		2.4 CITY - ST - ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME CARCA ADDRESS			32 NAME	
STREET ADORESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	ŀ
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		<del>-</del> -	4. 2 NAME	
STREET ADDRESS	}		4.3 STREET ADDRESS	
CITY-ST-ZIP	<u> </u>		4.4 CITY+ST-ZIP	
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	<del>                                     </del>	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
NAME		C Decere	6.2 NAME	- Crango - Publica
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			64 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 corpovation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this 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 corpovation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this samuel 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 corpovation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this same legal effect as if made under oath; that I am an officer or director of the receiver or trustee. 411548

**SIGNATURE:** 

**FILED** 

Apr 21 1998 8:00am

(941)953-2228