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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000068352 (8)

SUNTEX CP, INC.

| P | rincipal Place of Busines | 88 | Ma | iling Address | | | | | | | |
|----------|--|-------------------|---|--|-------|--|---|--|--|--|--|
| | P.O. BOX 21633 SARASOTA FL 34279-463: | 3 | P.O. BOX 21633 SARASOTA FL 3427 9 4 633 | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | | |
| ļ., | Bringing Place of Burn | 1 22 | On Maillian Address | | | | 08/07/1997 | | | | |
| <u> </u> | 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 | | | 2a. Mailing Address 26 Suite, Apt. #, etc. | | | | 4. FEI Number 65 - 0788910 - Applied Foil Not Applied | | | |
| | | | | | | | | 5. Certificate of Status Desired See Required Fee Required | | | |
| 23 | | | | City & State | | | | Election Campaign Financing Trust Fund Contribution Added to Fe | | | |
| 24 | Z ip | Country 25 | 29 | Zip | 30 Co | intry | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No | | | |
| | 9, Name | and Address of Cu | rrent Regist | ered Agent | | 10. Name and Address of New Registered Agent | | | | | |
| | AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 | | | | | | 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | | | 83 84 | City | 85 Zip Code | | | |

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 Statute's. | | | | | | | | | | | | |
|---|----------------------------|------------------|---------------------|--|----------|--|--|--|--|--|--|--|
| SIGNATURE Signature, typod or printed name of registered agent and title if application (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | | |
| 12. | OFFICERS AND DIRECT | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR | | | | | | | | |
| TITLE | PD | DELETE | 1.1 TITLE | Change | Addition | | | | | | | |
| NAME | CARNELL, CHRIS D | | 1.2 NAME | | | | | | | | | |
| STREET ADDRESS | 3435 BEE RIDGE RD, STE 207 | | 1.3 STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | SARASOTA FL 34239 | | 1.4 CITY - ST - 7(P | | į | | | | | | | |
| TITLE | SD | ☐ DELET € | 2.1 TITLE | ☐ Change | Addition | | | | | | | |
| NAME | CARNELL, MELITA | | 2.2 NAME | | | | | | | | | |
| STREET ADDRESS | 3435 BEE RIDGE RD, STE 207 | | 2.3 STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | SARASOTA FL 34239 | | 2. 4 CITY-ST-ZIP | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| TITLE | TD | ☐ DELET e | 3.1 TITLE | ☐ Change | Addition | | | | | | | |
| NAME | DOUGAN, SYLVIA M | | 3.2 NAME | | | | | | | | | |
| STREET ADDRESS | 3435 BEE RIDGE RD, STE 207 | | 3.3 STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | SARASOTA FL 34239 | | 3.4. CITY-ST-ZIP | | | | | | | | | |
| TITLE | | DELETE | 4.1 TITLE | Change | Addition | | | | | | | |
| NAME | | | 4 2 NAME | | | | | | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | | | | | | | | | |
| TITLE | | DELETE | 5.1 TITLE | Change | Addilion | | | | | | | |
| NAME | | | 5.2 NAME | | | | | | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-S1-ZIP | | | | | | | | | |
| TITLE | | DELETE | 6.1 TITLE | Change | Addition | | | | | | | |
| E | | | 6.2 NAME | | | | | | | | | |
| AAEET ADDRESS | | | 6.3 STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | | 6.4 CITY - ST - 7(P | Casting 110 07/29/3 Floring Statutes I further castifuthed the | | | | | | | | |

I hereby certify that the information supplied with this filindicated on this annual report or supplemental annuar officer or director of the corporation or the receiver of the Block 12 or Block 13 if changed, or on an a fy for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

Apr 10 1998 8:00am

Secretary of State

Applied For Not Applicable