## 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

## DOCUMENT # P97000070389

Country

1. Corporation Name

SUN-PAT ENTERPRISES, INC.

Principal Place of Business

Principal Place of Business +20 Miramar

IGBINOBA, PATIENCE

Mailing Address

8420 MIRAMAR PARKWAY MIRAMAR FL 33025

City & State

22

23

8420 MIRAMAR PARKWAY MIRAMAR FL 33025

2a. Mailing Address

Suite, Apt. #, etc.

City & State

28

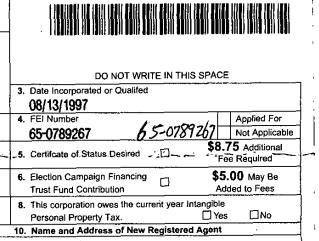
· A 29

9. Name and Address of Current Registered Agent

Zip

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90198 048 \*\*\*150.00



8420 MIRAMAR PARKWAY MIRAMAR FL 33025 83 Zip Code 84 City

Country

81 Name

82

Street Address (P.O. Box Number is Not Acceptable)

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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     | 13.                | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN   | N 12       |
| TITLE  | PTD DEL                    | .ETE 1.1 TITLE     | ☐ Change ☐   | Addition   |
| NAME   | IGBINOBA, PATIENCE         | 1.2 NAME           |  | \          |
| STREET ADDRESS   | 8420 MIRAMAR PARKWAY       | 1.3 STREET ADDRE   | ss   |            |
| CITY-ST-ZIP  | MIRAMAR FL 33025           | 1.4 CITY-ST-ZIP    |  |            |
| TITLE  | VPSD DEI                   | ETE 2.1 TITLE      | ☐ Change   | Addition   |
| ) NAME   | IGBINOBA, SUNDAY           | 2.2 NAME           |  | - 1        |
| STREET ADDRESS   | 8420 MIRAMAR PARKWAY       | - 2.3 STREET ADDRE | ss   | . 1        |
| CITY ST ZIP  | MIRAMAR FL 33025           | 2.4 CITY-ST-ZIP    | - The state of the |            |
| TITLE  | □ DEI                      | .ETE 3.1 TITLE     | ` Change   | Addition   |
| NAME   |                            | 3.2 NAME           |  |            |
| STREET ADDRESS   |                            | 3.3 STREET ADDRE   | ss   | -          |
| City-ST-ZIP  |                            | 3.4. CITY-ST-ZIP   |  |            |
| TITLE  | DEI                        | ETE 4.1 TITLE      | ☐ Change ☐   | Addition   |
| NAME   | ١                          | 4.2 NAME           | •  | 1          |
| STREET ADDRESS   |                            | 4.3 STREET ADDRE   | ss ,   |            |
| CITY+ST-ZIP  |                            | 4.4 CITY- ST- ZIP  | •  |            |
| TITLE  | DEI                        | LETE 5.1 TITLE     | Change   | ] Addition |
| NAME   | `,                         | 5.2 NAME           |  |            |
| STREET ADDRESS   |                            | 5.3 STREET ADDRE   | ss   | i          |
| CITY-ST-ZIP  |                            | 5.4 CITY-ST-ZIP    |  |            |
| TITLE  | ☐ DEI                      | LETE 6.1 TITLE     | ☐ Change   | ) Addition |
| NAME   |                            | 6.2 NAME           |  |            |
| STREET ADDRESS   |                            | 6.3 STREET ADDRE   | ss .   | Ì          |
| OTTLE OF THE   | profession of the state of | 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:

Signature require URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR