

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000076079 (7)

1. Corporation Name

SUNSET BAY INN, INC.

Principal Place of Business

635 BAY STREET NORTHEAST  
SAINT PETERSBURG FL 33701

Mailing Address

635 BAY STREET NORTHEAST  
SAINT PETERSBURG FL 33701

FILED  
Oct 07 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1997

4. FEI Number

59-3465969

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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

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 12

TITLE PD [ ] DELETE

NAME BRUCE, WILLIAM R  
STREET ADDRESS 635 BAY STREET NORTHEAST  
CITY-ST-ZIP SAINT PETERSBURG FL 33701

1.1 TITLE [ ] Change [ ] Addition

TITLE VSTD [ ] DELETE

NAME BRUCE, MARTHA W  
STREET ADDRESS 635 BAY STREET NORTHEAST  
CITY-ST-ZIP SAINT PETERSBURG FL 33701

2.1 TITLE [ ] Change [ ] Addition

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE [ ] Change [ ] Addition

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE [ ] Change [ ] Addition

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE [ ] Change [ ] Addition

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE [ ] Change [ ] 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.

SIGNATURE: MARTHA W. BRUCE

9-18-98

727-896-6701

CR2E034 (5/98)