(2/98)

R2E034

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 FLORIDA DEPARTMENT OF STATE CORPORATION FILED Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 OCT -9 AM 5: 58 DOCUMENT # P97000096741 (8) SECRETARY OF STATE ALLAHASSEE. FLORIDA SUNNYDAY CLOTHING, INC. Mailing Address Principal Place of Business 275 TIKI DRIVE 275 TIKL DRIVE MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>11/10/1997</u> Applied For 2. Principal Place of Business 2a. Malling Address Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State VO. 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FREEMAN, ROBERT W JR. 275 TIKI DRIVE Street Address (P.O. Box Number is Net Acceptable) 82 **MERRITT ISLAND FL 32953** 83 R4 City 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. I am farity and accept the obligations of section 607.0505, Florida Statutes. KOBERIW SIGNATURE d when dinstating DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. 1.1 TITLE L Change Addition n TITLE DELETE FREEMAN, ROBERT W JR. 1.2 NAME NAME 275 TIKI DRIVE 1.3 STREET ADDRESS STREET ADDRESS **MERRITT ISLAND FL 32953** 1.4 CITY-ST-ZiP CITY-ST-ZIP TITLE DELETE 21 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change ___ Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 60000266**3**6**1**6---10/1<u>4/</u>98-**-11**060--006 -- 1 CITY-ST-ZIP 3.4 CITY-ST-ZIP ****750.00 *****750 AGG 4.1 TITLE TITLE DELETE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 5.1 TITLE TITLE DELETE Change Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ___ Change ___ Addition TITLE DELETE **6.1 TITLE** 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not grafify for the exemption stated in section 119.07(3)(i) Morda Statutes. I further certify that the information indicated on this ennual report or supplemental annual report is true and a courate 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 it changes or on an attackment with an address.