Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90086 012 ***150.00

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 # P97000103941

1. Corporation Name

SUN HIS	se consolidated vent	TURES, INC.			
Principal Place	e of Business	Mailing Address		- C (BOLLEGA 113 (OS)) (BOLL OB))) AND() OD (D) CLUL)	MRICA IIIIA IAIII AIRAI IIAI IAA!
400 N TAMPA STREET 400 N TAMPA STREET			_	•	
SUITE 110 SUITE 110			~		
TAMPA FL 33602 TAMPA FL 33602				DO NOT WRITE IN THIS	SPACE
}				3. Date Incorporated or Qualifed	
				01/01/1998	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	·	26		59-3480801	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22		27			
City & Stat	te ,	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 Zip	Country		Country	Trust Fund Contribution	
⊢ –	25	├ ── `	30 .	This corporation owes the current year In: Personal Property Tax.	iangiole ☐ Yes
24	9. Name and Address of Cur		30]	10. Name and Address of New Registered	
	.5		81 Name		
	krpo, anthony l	•	22 2	(D.D. D. Al 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
400	n tampa street		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	1
SUITE 110			83		
TAM	IPA FL 33602				- Incl 0. (
			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statute	s, the above-named corp	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changing its registered
office or r	registered agent, or both, in the Sta im familiar with, and accept the obl	ate of Florida. Such change was au ligations of Section 607 0505. Flori	thorized by the corporation	on's board of directors. I hereby accept the appo	intment as registered
ayent. ra	and dropt the sec	ingularity of, coolers our looks, i loss			
SIGNATURE				d when reinstating) DATE	
SIGNATURE	Signature, typed or printed name of registered		Registered Agent signature require		ND DIRECTORS IN 12
	Signature, typed or printed name of registered	agent and title if applicable. (NOTE:		d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent signature require		
SIGNATURE 12.	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent signature require 13. 1.1 TITLE		
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS PVD SCARPO, ANTHONY L	agent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME		
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered OFFICERS PVD SCARPO, ANTHONY L 400 N TAMPA STREET STE	agent and title if applicable. (NOTE: AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS PVD SCARPO, ANTHONY L 400 N TAMPA STREET STE	agent and title if applicable. (NOTE: AND DIRECTORS DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS PVD SCARPO, ANTHONY L 400 N TAMPA STREET STE	agent and title if applicable. (NOTE: AND DIRECTORS DELETE 110	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition☐ Change ☐ Addition☐
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered OFFICERS PVD SCARPO, ANTHONY L 400 N TAMPA STREET STE TAMPA FL 33602	agent and title if applicable. (NOTE: AND DIRECTORS DELETE 110	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition☐ Change ☐ Addition☐
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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. 226-3200

SIGNATURE:

REQUIRED