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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000104500

SANRON TECHNOLOGIES, INC.

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90036 015 ***150.00



		·					:				
Principal Place of Business Mailing Address										, •	
5403 34TH ST. E. 5403 34TH ST. E. BRADENTON FL 34203 BRADENTON FL 34203								DO NOT WRITE IN	THIS:	SPACE	
								3. Date Incorporated or Qualifed			
								12/11/1997			
2. Principal Place of Business 2a. Mailing Address								4. FEI Number		_ Ar	oplied For
	26							65-6253199		No	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.							\$8.75	Additional
12			27					5. Certifcate of Status Desired		Fee Re	equired
City & State			City & State					6. Election Campaign Financing \$5.00 May Be			
:3		28				-		Trust Fund Contribution		Added	
Zip	Country		Zip	Cou	ıntry			8. This corporation owes the current ye	ear Inta	ingible	
4	25	29		30				Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curre	nt Regis	stered Agent		<u> </u>	,		10. Name and Address of New Regis	tered A	\gent	
					81	Name					ł
NIXON, JAMES M II 4905 MANATEE AVE. W.					82	Street A	Addres	dress (P.O. Box Number is Not Acceptable)			
							Tables (F.S. Box Hambal to Not Hoopiasty)				
BRAI	DENTON FL 34209				83			_			ŀ
					84	City				85 Zip	Code
						City			FL	100	
agent. I a	agistered agent, or both, in the State of familiar with, and accept the oblig Signature, typed or printed name of registered at	ations of	, Section 607.0505, FI	orida Stat	utes			's board of directors. I hereby accept the	ATE ,		.91310100
12.	OFFICERS A			13.				ADDITIONS/CHANGES TO OFFICE	RS AN	D DIRECTO	ORS IN 12
TITLE	D		☐ DELETE	1.1 T	TLE		P			☐ Change	Addition
NAME	WILES, SANDRA H			1.2 N	AME	ĺ	wil	ES, SANORA H.			ľ
STREET ADDRESS	5403 34TH ST. E.			1.3 S	TREET	ADDRESS	540	3 34th St.E.			
CITY-ST-ZIP	BRADENTON FL 34203			1.4 C	ITY-S1	T-ZIP	BR	ADENTON, FL. 34203			
TITLE		_	☐ DELETE	21T	TLE					Change	☐ Addition
NAME				2.2 N	AME	[ſ
STREET ADDRESS			•	2.3 \$	TREET	FADDRESS					
CITY-ST-ZIP				2.40	XTY-\$	ST-ZIP					
TITLE			☐ DELETE	3.1 T	ΠLE					Change	☐ Addition
NAME				3.2 N	AME	ĺ					ſ
STREET ADDRESS				3.3 S	TREET	F ADDRESS					Ì
CITY-ST-ZIP				3.4. 0	CITY-S	T-ZIP					
TITLE			☐ DELETE	4.1 T	ΠLE					Change	. Addition
NAME				4.21	IAME	[
STREET ADDRESS				4.3 S	TREET	ADDRESS					•
CITY-ST-ZIP				4.4 C	(TY-ST	T-ZIP					
TITLE			☐ DELETE	5.1 T	TLE					☐ Change	☐ Addition
NAME				5.2 N	AME	ĺ					, [
STREET ADDRESS				5.3 S	TREET	TADORESS					
CITY-ST-ZIP				5.4 C	ITY-ST	T-ZIP					
TITLE			☐ DELETE	6.1 T	ITLE					☐ Change	☐ Addition
NAME				6.2 N	AME	ĺ					ĺ
STREET ADORESS				6.3 S	TREET	TADDRESS					
CITY-ST-ZIP				6.4 C	ITY-S	T-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.

941-316-6224