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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90034 037 ***150.00

DOCUMENT # P9800007801

SIGNATURE

SUN TROPICS INTERNATIONAL, INC.

075 000001450		Mailing Address				J				
375 COCOHATO	CHEE DR.	375 COCOHATCHEE DR.								
NAPLES FL 341	10	NAPLES FL 34110			DO NOT WRITE IN THIS SPACE					
									15 SPACE	
							rporated or Qualife	ea .		
						01/23/1				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Numb	$\sigma(I) \subset \mathbb{R}$	\sim		opied For
21						137-1	576 Ja	<u> </u>		ot Applicable
Suite, Art.	#, etc.	Suite, Apt. #, etc.				5. Certifcate	of Status Desired		• -	Acditional equired
22		27								
City & State	е	City & State				_	ampaign Financin	g 🗆	•	Nay Be
23		28					d Contribution			to Fees
Zip	Country	Zip	_	intry			oration owes the c	urrent year i		C7
24	25	29	30	,			Property Tax.		Yes	[]No
	9. Name and Address of Curren	t Registered Agent		- 1-		10. Name in	d Address of Nev	w Registere	1 Agent	
				81	Name					
	AS, JAMES J			82	Street Ad	iress (P.O. Box Nu	imber is Not Acce	ptable)		
375 (COCOHATCHEE DR.				0	2.000 (/ .01 = 1				
NAPI	LES FL 34110			83						
									0.5 7:-	Cude
				84	City			F	85 Zip	Code
11 Pureus at t	to the provisions of Sections 607.050	2 and 607 1508. Florida Statu	es, the a	bove-	named co	poration submits the	his statement for t	he purpose	of changing its	registered
office or re	egistered agent, or both, in the State	o Florida, Such change was	authonzed	a by tr	ne corporal	tion's board of cire	ctors. I hereby ac	cept the app	ointment as re	egistered
agent. 1 as	m familiar with, and accept the obliga	itions of, Section 607.0505, Fi	orida Stat	utes.						
SIGNATURE	****	A CANADA	: Reactored	Agents	exampture men	red when reinstating)		DATE		
Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS			13.		organization radio		S/CHANGES TO	OFFICERS	ND DIRECTO	OF:S IN 12
	OI I ICEINO AIN									
	n		_	TLE					Change	Addition
TITLE	D NAMES IN THE I	☐ DELETE	1,1 TI							
NAME	VANAS, JAMES J		1,1 TI 1,2 N/	AME	ADDD500					
	VANAS, JAMES J 375 COCOHATCHEE DR.		1.1 TI 1.2 N/ 1.3 ST	AME TREET A	ADDRESS					
NAME STREET ADDRE 3S CITY-ST-ZIP	VANAS, JAMES J 375 COCOHATCHEE DR. NAPLES FL 34110	☐ DELETE	1.1 TI 1.2 NA 1.3 ST 1.4 CI	AME TREET A	Į.				Change	☐ Addition
NAME STREET ADDRE 3S	VANAS, JAMES J 375 COCOHATCHEE DR. NAPLES FL 34110 D .		1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI	AME TREET A ITY-ST-:	Į.					
NAME STREET ADDRE 3S CITY-ST-ZIP	VANAS, JAMES J 375 COCOHATCHEE DR. NAPLES FL 34110 D . VANAS, PAMELA A	☐ DELETE	1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/	AME TREET A ITY-ST-: ITLE AME	ZIP				Change	☐ Addition
NAME STREET ADDRE 3S CITY-ST-ZIP TITLE	VANAS, JAMES J 375 COCOHATCHEE DR. NAPLES FL 34110 D . VANAS, PAMELA A 375 COCOHATCHEE DR.	☐ DELETE	1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/	AME TREET A ITY-ST-: ITLE AME	Į.				Change	☐ Addition
NAME STREET ADDRE 3S CITY-ST-ZIP TITLE NAME	VANAS, JAMES J 375 COCOHATCHEE DR. NAPLES FL 34110 D . VANAS, PAMELA A	☐ DELETE	1.1 TO 1.2 N/ 1.3 ST 1.4 CO 2.1 TO 2.2 N/ 2.3 ST 2.4 CO	AME TREET A ITY-ST- ITLE AME TREET A	ZIP ADDRESS				☐ Change	☐ Addition
NAME STREET ADDRE 3S CITY-ST-ZIP TITLE NAME STREET ADDRE 3S	VANAS, JAMES J 375 COCOHATCHEE DR. NAPLES FL 34110 D . VANAS, PAMELA A 375 COCOHATCHEE DR.	☐ DELETE	1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST	AME TREET A ITY-ST- ITLE AME TREET A	ZIP ADDRESS				Change	☐ Addition
NAME STREET ADDRE 3S CITY-ST-ZIP TITLE NAME STREET ADDRE 3S CITY-ST-ZIP	VANAS, JAMES J 375 COCOHATCHEE DR. NAPLES FL 34110 D . VANAS, PAMELA A 375 COCOHATCHEE DR.	☐ DELETE	1.1 TO 1.2 N/ 1.3 ST 1.4 CO 2.1 TO 2.2 N/ 2.3 ST 2.4 CO	AME TREET A ITY-ST-: ITLE AME TREET A ITY-ST- ITLE	ZIP ADDRESS				☐ Change	☐ Addition
NAME STREET ADDRE \$S CITY-ST-ZIP TITLE NAME STREET ADDRE \$S CITY-ST-ZIP TITLE	VANAS, JAMES J 375 COCOHATCHEE DR. NAPLES FL 34110 D . VANAS, PAMELA A 375 COCOHATCHEE DR.	☐ DELETE	1.1 TI 1.2 NJ 1.3 ST 1.4 CI 2.1 TI 2.2 NJ 2.3 ST 2.4 C 3.1 TI 3.2 NJ	AME TREET A ITY-ST-: ITLE AME TREET A CITY-ST- ITLE AME	ZIP ADDRESS				☐ Change	☐ Addition
NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS STREET ADDRE SS	VANAS, JAMES J 375 COCOHATCHEE DR. NAPLES FL 34110 D . VANAS, PAMELA A 375 COCOHATCHEE DR.	☐ DELETE	1.1 TI 1.2 NV 1.3 S' 1.4 CI 2.1 TI 2.2 NV 2.3 S' 2.4 CO 3.1 TI 3.2 NV 3.3 S'	AME TREET A ITY-ST-: ITLE AME TREET A CITY-ST- ITLE AME	ZIP ADDRESS -ZIP ADDRESS				☐ Change	Addition Addition
NAME STREET ADDRE \$S CITY-ST-ZIP TITLE NAME STREET ADDRE \$S CITY-ST-ZIP TITLE NAME	VANAS, JAMES J 375 COCOHATCHEE DR. NAPLES FL 34110 D . VANAS, PAMELA A 375 COCOHATCHEE DR.	☐ DELETE	1.1 TI 1.2 NV 1.3 S' 1.4 CI 2.1 TI 2.2 NV 2.3 S' 2.4 CO 3.1 TI 3.2 NV 3.3 S'	AME TREET A TY-ST- TLE AME TREET A CITY-ST- TLE AME TREET A CITY-ST-	ZIP ADDRESS -ZIP ADDRESS				☐ Change	☐ Addition
NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP STREET ADDRE SS CITY-ST-ZIP	VANAS, JAMES J 375 COCOHATCHEE DR. NAPLES FL 34110 D . VANAS, PAMELA A 375 COCOHATCHEE DR.	☐ DELETE	1.1 TI 1.2 NV 1.3 S' 1.4 CI 2.1 TI 2.2 NV 2.3 S' 2.4 C 3.1 TI 3.2 NV 3.3 S' 3.4 CI	AME TREET A ITY-ST- ITLE AME TREET A CITY-ST- ITLE AME TREET A CITY-ST- ITLE	ZIP ADDRESS -ZIP ADDRESS				☐ Change	Addition Addition
NAME STREET ADDRE 3S CITY- ST- ZIP TITLE NAME	VANAS, JAMES J 375 COCOHATCHEE DR. NAPLES FL 34110 D . VANAS, PAMELA A 375 COCOHATCHEE DR.	☐ DELETE	1.1 TT 12 NV 1.3 ST 1.4 CD 2.1 TH 2.2 NV 2.3 ST 2.4 CD 3.1 TH 3.2 NV 3.3 ST 3.4 CD 4.1 TH 4.2 NV 4.2	AME TREET A ITY-ST- ITLE AME TREET A CITY-ST- ITLE AME TREET A CITY-ST- ITLE AME TREET A CITY-ST-	ADDRESS - ZIP ADDRESS - ZIP				☐ Change	Addition Addition
NAME STREET ADDRE 3S CITY-ST-ZIP TITLE NAME	VANAS, JAMES J 375 COCOHATCHEE DR. NAPLES FL 34110 D . VANAS, PAMELA A 375 COCOHATCHEE DR.	☐ DELETE	1.1 TI 12 NV 1.3 ST 1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 CO 3.1 TI 3.2 NV 3.3 ST 3.4 CO 4.1 TI 4.2 NV 4.3 ST 4.3	AME TREET A ITY-ST- ITLE AME TREET A CITY-ST- ITLE AME TREET A CITY-ST- ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITLE	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP				☐ Change	Addition Addition
NAME STREET ADDRE 3S CITY- ST- ZIP TITLE NAME STREET ADDRE SS CITY- ST- ZIP	VANAS, JAMES J 375 COCOHATCHEE DR. NAPLES FL 34110 D . VANAS, PAMELA A 375 COCOHATCHEE DR.	☐ DELETE	1.1 TI 12 NV 1.3 ST 1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 CO 3.1 TI 3.2 NV 3.3 ST 3.4 CO 4.1 TI 4.2 NV 4.3 ST 4.3	AME ITY-ST- ITLE AME ITY-ST- ITLE AME ITY-ST- ITLE AME ITY-ST- ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITLE	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP				☐ Change	Addition Addition
NAME STREET ADDRE 3S CITY- ST- ZIP TITLE STREET ADDRE SS CITY- ST- ZIP TITLE	VANAS, JAMES J 375 COCOHATCHEE DR. NAPLES FL 34110 D . VANAS, PAMELA A 375 COCOHATCHEE DR.	☐ DELETE ☐ DELETE	1.1 TI 12 NV 1.3 ST 1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 CC 3.1 TI 3.2 NV 3.3 ST 3.4 CC 4.1 TI 4.2 NV 4.3 ST 4.4 CC 4.4	AME TREET A ITY-ST-, ITLE AME TREET A ITHE TREET A AME TREET A AME TREET A AME TREET A ITHE TREET A TREET A TREET A	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP				☐ Change ☐ Change ☐ Change	Addition Addition
NAME STREET ADDRE 3S CITY- ST- ZIP TITLE NAME STREET ADDRE SS CITY- ST- ZIP TITLE NAME NAME	VANAS, JAMES J 375 COCOHATCHEE DR. NAPLES FL 34110 D . VANAS, PAMELA A 375 COCOHATCHEE DR.	☐ DELETE ☐ DELETE	1.1 TI 12 NV 1.3 ST 1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 CC 3.1 TI 3.2 NV 3.3 ST 3.4 CC 4.1 TI 4.2 NV 4.3 ST 4.4 CC 5.1 TI 5.2 NV	AME TREET A ITY-ST-, ITLE AME TREET A ITY-ST- ITLE AME TREET A ITY-ST- ITLE IAME TREET A ITY-ST- ITLE AME AME AME AME AME AME AME AME AME AM	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP				☐ Change ☐ Change ☐ Change	Addition Addition
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6.4 CITY-ST-ZIP

14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0°(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 3 if changed, or on an attachment with an address, with all other like empowered.