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 # P98000026985

Corporation Name

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90026 045 ***150.00

SUNDOV	VNEH 1.S., INC.								
Principal Place	e of Business	Mailing Address				- I (BB)(40) (+# +810))#/((84)()	A MASTA MASTA MATERIA	E11(2 (2)5	18181 AIH 1881
109 HIGHLAND		30 NORTH RING AVE.	STE 400						
TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689						DO NOT W	DITE IN THIS	SDACE	
						3. Date Incorporated or Qualific	RITE IN THIS	SPACE	
						03/16/1998	eu .		
2 Principal Pi	lace of Business	2a. Mailing Address	·			4. FEI Number		Ar	oplied For
	North Florida Ave.	26 1232 NO	KT4 Flo	nida	AVE:	59-3500304		No.	ot Applicable
Suite, Apt.		Suite, Apt. #, etc			<u> </u>	5. Certificate of Status Desired		\$8.75	Additional
22		27				5. Certificate of Status Desired		Fee R	equired
City & State	_ , _ ,	City & State	ا>		21	6. Election Campaign Financir	^{ng} □		May Be
-	pod Springs, Fl.	28 TARDON	Sprin		<u> </u>	Trust Fund Contribution			to Fees
Zip	Country	Zip 29 34689		antry ′ ∠U√	S.A.	8. This corporation owes the c	urrent year Int	angible □Yes	□No
24 344	9. Name and Address of Current		30			Personal Property Tax. 10. Name and Address of Nev	w Registered		
	9. Name and Address of Correct	Registered Agent		81 Na	me (_
KLIM	IIS, GEORGE N			B2 C4		ess (P.O. Box Number is Not Acce	ntable)		
30 N	IORTH RING AVE, STE 400			82 St	reet Addre		AVE	,	
TAR	PON SPRINGS FL 34689			83			70,00		
				24 0				85 Zip	Çode
				84 Cit	Tai	RPON SPRINGS	FL	34	489
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida S	Statutes, the a	above-nai	med corno	ration submits this statement for t	he purpose of	changing its	registered
						-!- L4 -£ -!+ hazabu aa			
office or ri	egistered agent, or both, in the State on m familiar with, and accept the obligati	of Florida. Such change v	vas authorize	d by the (corporation	n's board of directors. I hereby ac	cept the appoin		gisterea
agent. I a	m familiar with, and accept the obligation	of Florida. Such change v ions of, Section 607.0505	vas authorize 5, Florida Stat	tutes.	corporation	n's board of directors. I hereby ac	2/12/4	9	gisterea
agent. I a	m familiar with, and accept the obligation of the second s	of Florida. Such change vions of, Section 607.0505	vas authorize 5, Florida Stat (NOTE: Registere	tutes.	corporation	According to the control of the cont	2/12/4 DATE	9	gistered
agent. I all SIGNATURE	m familiar with, and accept the obligation of the control of the c	of Florida, Such change vions of, Section 607.0505 t and title if applicable. D DIRECTORS	vas authorizer 5, Florida Stat (NOTE: Pegisterer 13.	tutes.	corporation	n's board of directors. I hereby ac	2/12/4 DATE	9 ID DIRECTO	DRS IN 12
agent, I and SIGNATURE 12. TITLE	m familiar with, and accept the obligation of the control of the c	of Florida. Such change vions of, Section 607.0505	(NOTE: Polistered 1.1 T	tutes. Algent sign	Corporation	ADDITIONS/CHANGES TO	DATE OFFICERS AN	9	gistered
agent. I ai SIGNATURE 12. TITLE NAME	m familiar with, and accept the obligation of the company of the c	of Florida, Such change vions of, Section 607.0505 t and title if applicable. D DIRECTORS	vas authorize 5, Florida Stat (NOTE: registered 13. TE 1.1 T	tutes, d Agent signi	& Albure required	ADDITIONS/CHANGES TO	DATE OFFICERS AN	9 ID DIRECTO	DRS IN 12
agent. I al SIGNATURE 12. ITILE NAME STREET ADDRESS	m familiar with, and accept the obligation of the company of the c	of Florida, Such change vions of, Section 607.0505 t and title if applicable. D DIRECTORS	vas authorizer 5, Florida Stat (NOTE: Kristerer 13. TE 1.1 T 1.2 N	tutes. Albent sign. TITLE WAME STREET ADDI	& Albure required	According to the control of the cont	DATE OFFICERS AN	9 ID DIRECTO	DRS IN 12
agent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	m familiar with, and accept the obligation of the company of the c	of Florida. Such change vions of, Section 607.0505 T and life if applicable. D DIRECTORS	vas authorize- 5, Florida Stat (NOTE: # spisterer 13. IE 1.1 T 1.2 N 1.3 S 1.4 C	of by the of tutes. TITLE NAME STREET ADDITIONS STREET ADDITIO	& Albure required	ADDITIONS/CHANGES TO	DATE OFFICERS AN	9 ID DIRECTO	DRS IN 12
agent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	m familiar with, and accept the obligation of the company of the c	of Florida, Such change vions of, Section 607.0505 t and title if applicable. D DIRECTORS	vas authorize- 5, Florida Stat (NOTE: Rojestere- 13. TE 1.1.1 1.2.N 1.3.S 1.4.C TE 2.1.T	of by the of tutes. ITILE VAME CITY-ST-ZIP TITLE	& Albure required	ADDITIONS/CHANGES TO	DATE OFFICERS AN	D DIRECTO	DRS IN 12
agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	m familiar with, and accept the obligation of the company of the c	of Florida. Such change vions of, Section 607.0505 T and life if applicable. D DIRECTORS	vas authorize- 5, Florida Stat (NOTE: Rojestero- 13. TE 1.1T 12.N 1.3.S 1.4.C TE 2.1.T	or Apont significant significa	alure required	ADDITIONS/CHANGES TO	DATE OFFICERS AN	D DIRECTO	DRS IN 12
agent, I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	m familiar with, and accept the obligation of the company of the c	of Florida. Such change vions of, Section 607.0505 T and life if applicable. D DIRECTORS	vas authorize- 5, Florida Stati 13. IE 1.1T 1.2N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S	of by the of tutes. Timle VAME STREET ADDI STREET ADD	alure required	ADDITIONS/CHANGES TO	DATE OFFICERS AN	D DIRECTO	DRS IN 12
agent, I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	m familiar with, and accept the obligation of the company of the c	of Florida. Such change vions of, Section 607.0505 T and life if applicable. D DIRECTORS	vas authorize- 5, Florida Stati (NOTE: Rogistere- 13. IE 1.1T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 4	or Apont significant significa	alure required	ADDITIONS/CHANGES TO	DATE OFFICERS AN	D DIRECTO	DRS IN 12
agent, I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	m familiar with, and accept the obligation of the company of the c	of Florida. Such change vions of, Section 607.0505 Tand title if applicable. D DIRECTORS DELET	vas authorize- 5, Florida Stat 13. IE 1.1T 1.2N 1.3S 1.4C 2.1T 2.2N 2.3S 2.44 IE 3.1T	AND A STREET ADDICTORY	alure required	ADDITIONS/CHANGES TO	DATE OFFICERS AN	D DIRECTO	DRS IN 12 Addition
agent, I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	m familiar with, and accept the obligation of the company of the c	of Florida. Such change vions of, Section 607.0505 Tand title if applicable. D DIRECTORS DELET	vas authorizero, Fiorida Stati (NOTE: Rigisterori 13. IE 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 (TE 3.1 T	of by the of tutes. of Afford significant	RESS 16	ADDITIONS/CHANGES TO	DATE OFFICERS AN	D DIRECTO	DRS IN 12 Addition
agent, I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	m familiar with, and accept the obligation of the company of the c	of Florida. Such change vions of, Section 607.0505 Tand title if applicable. D DIRECTORS DELET	vas authorizero, Fiorida Stati (NOTE: Rojesterori 13. IE 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 (IE 3.1 T 3.2 N 3.3 S	of by the of tutes. TITLE VAME STREET ADDI CITY-ST-ZIP TITLE VAME STREET ADDI CITY-ST-ZIP TITLE VAME	RESS 16	ADDITIONS/CHANGES TO	DATE OFFICERS AN	D DIRECTO	DRS IN 12 Addition Addition
agent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	m familiar with, and accept the obligation of the control of the c	of Florida. Such change vions of, Section 607.0505 Tand title if applicable. D DIRECTORS DELET	vas authorizero, Florida Station (NOTE: Rigistero) 13. IE 1.1T 1.2N 1.3S 1.4C 2.1T 2.2N 2.3S 2.4(TE 3.1T 3.2N 3.3S 3.4. (of by the of tutes. ITTLE VAME STREET ADDI CITY-ST-ZIP TITLE VAME STREET ADDI CITY-ST-ZIP TITLE VAME STREET ADDI CITY-ST-ZIP STREET ADDI CITY-ST-ZIP STREET ADDI CITY-ST-ZIP STREET ADDI STREET ADD	RESS 16	ADDITIONS/CHANGES TO	DATE OFFICERS AN	D DIRECTO	DRS IN 12 Addition
agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	m familiar with, and accept the obligation of the control of the c	of Florida. Such change vions of, Section 607.0505 tand title if applicable. D DIRECTORS DELET DELET	vas authorizero, Fiorida Station (NOTE: Rojestero) 13. IE 1.17 12.N 1.3s 1.4C 12.N 2.3s 2.4d 3.17 3.2N 3.3s 3.4.0 IE 4.17	of by the of tutes. of Affent significance of tutes. ITTLE VAME STREET ADDI CITY-ST-ZIP TITLE VAME STREET ADDI CITY-ST-ZIP TITLE VAME STREET ADDI CITY-ST-ZIP	RESS 16	ADDITIONS/CHANGES TO	DATE OFFICERS AN	DDIRECTO Change Change	DRS IN 12 Addition Addition
agent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	of familiar with, and accept the obligation of the composition of the	of Florida. Such change vions of, Section 607.0505 tand title if applicable. D DIRECTORS DELET DELET	vas authorizero, Fiorida Station (NOTE: Rojestero) 13. IE 1.17 12.N 1.3.8 14.0 IE 2.17 22.N 2.3.8 2.4.0 IE 3.17 32.N 3.3.8 3.4.0 IE 4.17 4.21	of by the of tutes. TITLE VAME STREET ADDI CITY-ST-ZIP TITLE VAME STREET ADDI CITY-ST-ZIP	RESS 16	ADDITIONS/CHANGES TO	DATE OFFICERS AN	DDIRECTO Change Change	DRS IN 12 Addition Addition
agent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	of familiar with, and accept the obligation of the composition of the	of Florida. Such change vions of, Section 607.0505 tand title if applicable. D DIRECTORS DELET DELET DELET	vas authorizero, Florida State (NOTE: Rojestero 13. IE 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 (IE 3.1 T 3.2 N 3.3 S 3.4 .6 TE 4.1 T 4.2 I 4.3 S	IN THE STREET ADDI CITY-ST-ZIP TITLE VAME STREET ADDI CITY-ST-ZIP VAME NAME	RESS 16	ADDITIONS/CHANGES TO	DATE OFFICERS AN	D DIRECTO Change Change	DRS IN 12 Addition Addition
agent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	of familiar with, and accept the obligation of the composition of the	of Florida. Such change vions of, Section 607.0505 tand title if applicable. D DIRECTORS DELET DELET	vas authorizero, Fiorida State (NOTE: Rojestero 13. IE 1.1 T 1.2 N 1.3 S 1.4 C 2.2 N 2.3 S 2.4 (IE 3.1 T 3.2 N 3.3 S 3.4 .6 TE 4.1 T 4.21 4.3 S 4.4 C IE 5.1 T	IN THE STREET ADDITION OF THE STREET ADDITION	RESS 16	ADDITIONS/CHANGES TO	DATE OFFICERS AN	D DIRECTO Change Change	DRS IN 12 Addition Addition Addition
agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	of familiar with, and accept the obligation of the composition of the	of Florida. Such change vions of, Section 607.0505 tand title if applicable. D DIRECTORS DELET DELET DELET	vas authorizero, Fiorida State (NOTE: Rogistero 13. IE 1.1 T 12.N 1.3 S 1.4 C 12.1 T 2.2 N 2.3 S 2.4 (3.1 T 3.2 N 3.3 S 3.4 (1.2 TE 4.1 T 4.2 T 4.3 S 4.4 C TE 5.1 T 5.2 N	TITLE VAME STREET ADDI CITY-ST-ZIP TITLE VAME VAME VAME VAME VAME	RESS 16	ADDITIONS/CHANGES TO	DATE OFFICERS AN	D DIRECTO Change Change	DRS IN 12 Addition Addition Addition
agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	m familiar with, and accept the obligation of the control of the c	of Florida. Such change vions of, Section 607.0505 tand title if applicable. D DIRECTORS DELET DELET DELET	vas authorizero, Fiorida State (NOTE: Rogistero 13. IE 1.1 T 12.N 1.3 S 1.4 C IE 2.1 T 2.2 N 2.3 S 2.4 4 IE 3.1 T 3.2 N 3.3 S 3.4 C IE 4.1 T 4.2 I 4.3 S 4.4 C IE 5.1 T 5.2 N 5.3 S	TITLE VAME STREET ADDI CITY-ST-ZIP TITLE VAME STREET ADDI STREET ADDI CITY-ST-ZIP TITLE VAME CITY-	RESS 16	ADDITIONS/CHANGES TO	DATE OFFICERS AN	D DIRECTO Change Change	DRS IN 12 Addition Addition Addition
agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP	m familiar with, and accept the obligation of the control of the c	of Florida. Such change vions of, Section 607.0505 tand title if applicable. D DIRECTORS DELET DELET DELET DELET	vas authorizero, Fiorida State 5, Florida State 13, 13, 14, 12, 14, 13, 14, 14, 15, 16, 17, 18, 18, 18, 18, 18, 18, 18, 18, 18, 18	TITLE VAME STREET ADDI CITY-ST-ZIP	RESS 16	ADDITIONS/CHANGES TO	DATE OFFICERS AN	D DIRECTO Change Change	DRS IN 12 Addition Addition Addition
agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	m familiar with, and accept the obligation of the control of the c	of Florida. Such change vions of, Section 607.0505 tand title if applicable. D DIRECTORS DELET DELET DELET	vas authorizero, Fiorida State (NOTE: Rojestero 13. IE 1.1 T 12.N 13.8 14.0 IE 2.1 T 22.N 23.8 2.4 IE 3.1 T 32.N 33.8 34.0 IE 4.1 T 4.21 4.35 4.10 IE 5.1 T 52.N 5.36 TE 6.1 T	TITLE VAME STREET ADDI CITY-ST-ZIP TITLE	RESS 16	ADDITIONS/CHANGES TO	DATE OFFICERS AN	D DIRECTO Change Change	DRS IN 12 Addition Addition Addition
agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP	m familiar with, and accept the obligation of the control of the c	of Florida. Such change vions of, Section 607.0505 tand title if applicable. D DIRECTORS DELET DELET DELET DELET	vas authorizero, Fiorida State (NOTE: Rojestero 13. IE 1.1T 12.N 13.8 14.0 IE 2.1T 22.N 23.8 2.40 IE 3.1T 32.N 33.8 34.0 IE 4.1T 4.21 4.35 5.40 IE 5.1T 52.N 5.36 5.40 IE 6.1T 62.N	TITLE VAME STREET ADDI CITY-ST-ZIP	RESS / CRESS	ADDITIONS/CHANGES TO	DATE OFFICERS AN	D DIRECTO Change Change	DRS IN 12 Addition Addition Addition

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.

SIGNATURE:

727 - 937 - 5041 Daytime Phone #