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Secretary of State

03-04-1999 90026 045 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000026985

1. Corporation Name
SUNDOWNER T.S., INC.

Principal Place of Business
109 HIGHLAND RD
TARPON SPRINGS, FL 34689

Mailing Address
30 NORTH RING AVE. STE 400
TARPON SPRINGS FL 34689



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1232 North Florida Ave.
Suite, Apt. #, etc.

22 City & State
TARPON SPRINGS, FL

23 Zip Country
34689 USA

24 34689 25 USA

2a. Mailing Address

26 1232 North Florida Ave.
Suite, Apt. #, etc.

27 City & State
TARPON SPRINGS, FL

28 Zip Country
34689 USA

29 34689 30 USA

3. Date Incorporated or Qualified

03/16/1998

4. FEI Number

59-3500304

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

KLIMIS, GEORGE N
30 NORTH RING AVE, STE 400
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name

Joseph Renardo

82 Street Address (P.O. Box Number is Not Acceptable)

1232 North Florida Ave.

83

84

City TARPON SPRINGS

FL

85 Zip Code
34689

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, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Joseph Renardo

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

2/12/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME RENARDO, JOSEPH A
STREET ADDRESS 109 HIGHLAND RD
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE
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STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1232 North Florida Ave.
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

Joseph A Renardo

2/12/99

Date

727-937-5041

Daytime Phone #

CR2E034 (11/98)