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Mar 08, 1999 8:00 am
Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P98000038079

1. Corporation Name

SUNCHASER EXPRESS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**3920 SOUTHWEST 59TH TERRACE
DAVIE FL 33314**

Mailing Address
**3920 SOUTHWEST 59TH TERRACE
DAVIE FL 33314**

3. Date Incorporated or Qualified

04/28/1998

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

25

Country

28

Zip

30

Country

24

4. FEI Number

65-0834684

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

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

Elisabeth C. Griffin

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

3920 Southwest 59th Terrace

83

84 City

Davie

FL

85

Zip Code

33314

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 *Elisabeth C. Griffin*
Signature, typed or printed name of registered agent and not applicable.

ELISABETH C. GRIFFIN

02-26-99

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CARVER, ISAAC J	
STREET ADDRESS	3920 SOUTHWEST 59TH TERRACE	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	SVTD	<input type="checkbox"/> DELETE
NAME	SOLDWISH, TANYA L	
STREET ADDRESS	3920 SOUTHWEST 59TH TERRACE	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Soldwish, Reginald H.	
1.3 STREET ADDRESS	1528 Lawrence Avenue	
1.4 CITY-ST-ZIP	Independence, IA 50644	
2.1 TITLE	SVTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Soldwish-Carver, Tanya L	
2.3 STREET ADDRESS	R.R. 1-20 Box 3213	
2.4 CITY-ST-ZIP	Independence, IA 50644-2994	
3.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Elisabeth C. Griffin	
3.3 STREET ADDRESS	3920 SW 59th Terrace	
3.4 CITY-ST-ZIP	Davie, FL 33314	
4.1 TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Carver, Isaac J..	
4.3 STREET ADDRESS	3920 SW 59th Terrace	
4.4 CITY-ST-ZIP	Davie, FL 33314	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-99

Date

319-636-2436

Daytime Phone #

CR2E034 (11/98)