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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000039627 1. Corporation Name

SUNSET LAKES SHOPS, INC.

May 01, 1999 8:00 am Secretary of State

05-01-1999 90092 006 ***150.00

Principal Place of Business Mailing Address					- 1 JODANDER I FAN STREET HOURT KROEK NEKEL ORDING	[4] BO	
C/O SOUTHEAST CENTERS C/O SOUTHEAST CENTERS					,		
1541 SUNSET DRIVE #300 1541 SUNSET DRIVE #300							
CORAL GABLES FL 33143: CORAL GABLES FL 33143				DO NOT WRITE IN THIS SPACE			
		•			3. Date Incorporated or Qualifed		
		· · · · · · · · · · · · · · · · · · ·			04/30/1998		
⊢ -	Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21 26				65-0836556		t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22				5. Certificate of Status Desired	\$8.75		
27 27					Fee Re		
-				6. Election Campaign Financing	\$5.00		
	Zip Country Zip		Country		Trust Fund Contribution	Added t	o Fees
24	25 29 30			,	This corporation owes the current year Personal Property Tax.	r Intangible □Yes	□No
	9. Name and Address of Current		لا		10. Name and Address of New Registe		
	,		81	Name	107 Hallio and Address of Hell Registe	BO ABOUT	
HIGH	ER, GERALD M		<u> </u>		<u> </u>		
C/O SOUTHEAST CENTERS			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
1541 SUNSET DRIVE #300			83				
CORAL GABLES FL 33143						*	İ
			84	City		85 Zip C	ode
11. Pursuant	to the provisions of Sections 607 0502	2 and 607 1508. Florida Statutes	the above	e-named corr	poration submits this statement for the nurnos	of changing ite	registered
OTICE OF I	egistered agent, or both, in the State of	of Florida. Such change was auth	orized by	the corporation	on's board of directors. I hereby accept the ap	pointment as reg	jistered
_	m familiar with, and accept the obligati	ions of, Section 607,0505, Florida	a Statutes	•		1	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agen	of signature require	d when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	HIGIER, GERALD M		1.2 NAME			•	
STREET ADDRESS	TREET ADDRESS C/O 1541 SUNSET DRIVE #300		1.3 STREET	ADDRESS			ļ
CITY-ST-ZIP	CORAL GABLES FL 33143		1.4 CITY-ST	r∙z/P			Í
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NAME		ı	2.2 NAME		1	•	ł
STREET ADDRESS	⁷ . ¥		2.3 STREET	ADDRESS			
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		- Descrit	4. 2 NAME	- 1	· · · · · · · · · · · · · · · · · · ·	Change	ì
STREET ADDRESS		_ occur		ADDRESS	, `, `, `, `	Change	
1	N	- Detects	4.2 NAME 4.3 STREET 4.4 CITY-ST	- 1	<u> </u>	☐ Change)
STREET ADDRESS		□ DELETE	4.3 STREET	- 1		☐ Change	Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME			4.3 STREET 4.4 C/TY-ST 5.1 TITLE 5.2 NAME	ADDRESS			Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	4.3 STREET 4.4 C/TY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 C/TY-ST 6.1 TITLE	ADDRESS - ZIP		Change	

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 anathered with an address, with all other like empowered.

SIGNATURE: