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 # P98000045573 1. Corporation Name

SUN ETC., INC.

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90026 045 ***150.00



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Principal Place	e of Business	Mailing Address							
7468 UNIVERSA				1					
ORLANDO FL 32819 ORLANDO FL 32819					DO NO	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Q		SPACE		
					05/20/1998	uallieu			
2. Principal P	lace of Business	2a. Mailing Address	_		4. FEI Number		Арр	lied For	
21 <i>577</i> 0	W. IRIO BRONSON	26 5770 WIRIO	BRON	SON	= 59-3514	1231-	Not	Applicable	
Suite, Apt.	#, etc. Momorial Hwy	Suite, Apt. #, etc	MEM	orial Hwy	5. Certificate of Status De	sired	\$8.75 Ad Fee Req		
City & Stat		City & State			6. Election Campaign Fina	ancing	\$5.00 N	May Be	
23 K/s	SIMMEE, FL	28 Kissimmer	FL	<u> </u>	Trust Fund Contribution)	Added to	Fees	
Zip	Country	Zip	Cou		8. This corporation owes to	he current year Into	angible	<u>,</u>	
24 3474	16 25 OSEOIA	29 34746	30 <i>O</i> .	SEDIA	Personal Property Tax.			No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of	New Registered	<u>Agent</u>		
				81 Name					
BONUS, PHILIP F				82 Street Ad	Idress (P.O. Box Number is Not.	Accentable)			
170 EAST WASHINGTON STREET				Street Ad	idress (P.O. Box Number is Not.	чисернавіе)		Į	
ORL	ANDO FL 32801			83					
									
	,			84 City		FL	85 Zip C	ode	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statute	s, the a	bove-named co	rporation submits this statement	for the purpose of	changing its r	egistered	
office or r	registered agent, or both, in the State o	of Florida. Such change was au	ithorized	i by the corpora	ation's board of directors. I hereb	y accept the appoin	ntment as reg	istered	
agent, r a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flor	ida Stati	utes.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	Penieterer	Agent signature regu	ured when reinstating)	DATE		— ì	
12.	0.8.4.4.7,7,000			rigen agriculture raqu	ADDITIONS/CHANGES		D DIRECTOR	RS IN 12	
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			2.40	TREET ADDRESS					
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

407-396-1161