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 # **P98000061670**1. Corporation Name

SUNSET MARINE, INC. Principal Place of Business Mailing Address

FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90035 004 ***150.00

4501 TAMMANI TRAIL NORTH. STE 400 4501 TAMMANI TRAIL NORTH. STE 400 NAPLES FL 34103-3013 NAPLES FL 34103-3013							
800 ELKCUM CIrcle . 800 ELKCAM CIR. E.				E	DO NOT WRITE IN THIS SPACE		
800 ELKCUM CITCLE. 800 ELKCAM CIT. E. MARCU TSUANO FL 34145 2. Principal Place of Business 2a. Mailing Address					3. Date Incorporated or Qualifed		
	MARCU IS	LANO FL 3414	15		07/13/1998		
2. Principal Pl	ace of Business O ELK CAM CIT.E.	2a. Mailing Address			4. FEI Number 59-3529415	5	-Applied For Not Applicable
Suite, Apt. #, etc.					5. Certifcate of Status Desired	1 1	5 Additional Required
22					6. Election Campaign Financin	g _ \$5	00 May Be
23 MARCO ISLAND 28					Trust Fund Contribution	Add	led to Fees
Zip(Country	Zip Country			8. This corporation owes the current year Intangible		
24	- 25 COLLER	29 30	<u> </u>		Personal Property Tax.	☐ Yes	
	9. Name and Address of Current	Registered Agent		Т	10. Name and Address of Nev	v Registered Agent	
MAD	TIMES ICAMETTE		81	Name			
Martinez, Jeanette 4501 Tamiami Trail North, Ste 400				Street Add	dress (P.O. Box Number is Not Acce	ptable)	
NAPL	LES FL 34103-3013		83			***	
			84	- 7		FL	Zip Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	ns of, Section 607.0505, Florida	orized by a Statutes	tne corporat	non's board of directors. Thereby acc	sept the appointment a	s registered
Olon trone	Signature, typed or printed name of registered agent a		gistered Age	nt signature requi	red when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO		
TITLE	PRES.	☐ DELETE	1.1 TITLE			☐ Cha	nge
NAME	JAMES FRIDDLE 443 S. BARFIELD DV MARCO TSL. FLA	_	1.2 NAME				
STREET ADDRESS	443 5. BARFIELD DY	٠.	1.3 STREE	TADDRESS			
CITY-ST-ZIP	MARROTSI. FIA 3	34145	1.4 CITY-5	ST-ZIP			
TITLE		. 🗌 DELETE	2.1 TITLE			☐ Cha	nge
NAME	· •		2.2 NAME		· ·		
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP			2. 4 GITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Cha	nge
i		_	3.2 NAME				
NAME				TADDRESS			
STREET ADDRESS				i			
CITY-ST-ZIP		☐ DELETE	3.4. CITY- 4.1 TITLE	31-ZIP		[Cha	nge Addition
TITLE		₩ DECE IC		.			, 1
NAME			4. 2 NAME				
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP				ST-ZIP		☐ Cha	nge Addition
TITLE		☐ DELETE	5.1 TITLE			, La Cila	ilige LJ Addition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Cha	nge 🗌 Addition
NAME	•		6.2 NAME				
STREET ADDRESS			6.3 STREE	ET ADDRESS			
CITY ST. 78D			6.4 CITY-5	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:

Daytime Phone #