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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90262 007 ***150.00

DOCUMENT # P98000065354

1. Corporation Name

SUN & FUN INVESTMENTS, INC.

| 50,1 4 1 | | | | | | | | | |
|-----------------------------------|--|------------------------------------|--------------------|-----------------|--|---|--|---------------|----------------|
| Principal Place | e of Business | Mailing Address | | | | (100(100))) | | | |
| P.O. BOX 1714 | P.O. BOX 171452 | | | | | | | | |
| HIALEAH FL 33017 HIALEAH FL 33017 | | | | | | DO NOT WRITE IN THE | s SP | ACE | |
| | | | | | | 3. Date Incorporated or Qualifed | <u>, </u> | | |
| | | | | | | 07/24/1998 | | | |
| 2. Principal P | lace of Business | 2a, Mailing Address | | | | 4. FEI Number | | $\top \top I$ | Applied For |
| 21 | lace of Business | 26 | | | | | | | Not Applicable |
| Suite, Apt. | # etc. | Suite, Apt. #, etc. | | | | 0.44 . 104 . 5.44 | | \$8.75 | Additional |
| 22 | , | 27 | | | | 5. Certifcate of Status Desired | | Fee I | Required |
| . City & Stat | e · | City & State | | | | 6. Election Campaign Financing S5.00 May Be | | | |
| 23 | | 28 | | | | Trust Fund Contribution | | Adde | d to Fees |
| Zip | Country | Zip | Cou | ntry | | 8. This corporation owes the current year Ir | | | |
| 24 | 25 | 29 3 | 0 | | | Personal Property Tax. | | Yes | □No |
| | g. Name and Address of Curren | t Registered Agent | | - : 1 | <u>. </u> | 10. Name and Address of New Registered | Age | ≱nt | |
| ≠ 11 14 | 100 1110 | | ļ | 81 | Name | | | | |
| | IGS, INC. | | 82 Street Ad | | | tress (P.O. Box Number is Not Acceptable) | | | |
| | N.W. 16TH STREET | | | | | | | | |
| FI. L | AUDERDALE FL 33311-4132 | | | 83 | | | | | |
| | | | | 84 | City | | | 85 Zi | p Code |
| | | _ | | | | poration submits this statement for the purpose of | | | |
| agent. I a | m familiar with, and accept the obliga | tions of, Section 607.0505, Florid | ia Stati 199 | ites. | | ion's board of directors. I hereby accept the appoint | | | |
| 12. | OFFICERS AN | ID DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS A | ND [| DIRECT | |
| TITLE | D | ☐ DELETE | 1.1 TII | LΕ | | | | Chang | e 🗌 Addition |
| NAME | HILL, JAMES | | 1.2 NA | ME | | | | | |
| STREET ADDRESS | 1325 GUNTER ROAD | | 1.3 STREET ADDRESS | | ADDRESS | | | | } |
| CITY-ST-ZIP | MILTON FL 32570 | | 1.4 CIT | | - ZIP | | | | |
| TITLE | DELETE | | 2.1 TITLE | | | | Ĺ |] Chang | e ☐ Addition |
| NAME | HILL, GEORGE JR. | | 2.2 NAME | | | | | | |
| STREET ADDRESS | 1325 GUNTER ROAD | | 2.3 STREE | | ADDRESS | | | | |
| CITY-ST-ZIP | MILTON FL 32570 | | 2.4 C | 2.4 CITY-ST-ZIP | | | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | | Ĺ | _ Chang | e Addition |
| NAME | | | 3.2 NA | ME | | | | | |
| STREET ADDRESS | Ì | | 3.3 ST | REET | ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4. C | TY-S | T-ZIP | | | | |
| TITLE | | ☐ DELETE | 4.1 TIT | TLE | | | L |] Chang | e Addition |
| NAME | | | 4. 2 N | AME | | | | | |
| STREET ADDRESS | | | 4 3 ST | REET | ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CI | | T-ZIP | | | 7.01 | |
| TITLE | ☐ DELETE | | 5.1 TITLE | | | | | _ Chang | e 🗌 Addition |
| NAME | | | 5.2 NA | | | | | | |
| STREET ADDRESS | | | 5.3 ST | REET | ADDRESS | | | | } |
| CITY-ST-ZIP | | | 5.4 CI | | -ZIP | | | | F-1 . 1 |
| TITLE | | ☐ DELETE | 6.1 TI | | | | L |] Chang | e 🗀 Addition |
| NAME | | | 6.2 NA | | | | | | ŀ |
| STREET ADDRESS | ì | | 6.3 ST | REET | ADDRESS | | | | · · |

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

REQUIA 1999 SE SIGNING OFFICER OF DIRECTOR