


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

021264

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90088 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000078818 1. Corporation Name SUNSET RESEARCH AND DEVELOPMENT, INC.					
Principal Place of Business 6701 SUNSET DR., STE. 200 B S. MIAMI FL 33143			Mailing Address 6701 SUNSET DR., STE. 200 B S. MIAMI FL 33143		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt #, etc. 200 A		26 Suite, Apt #, etc. 200 A		09/11/1998	
22 City & State		27 City & State		4. FEI Number 65-0862985	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
STEINMAN, JAY ESO ZACK, KOSNITZKY, P.A. 100 SE 2ND ST., STE. 2800 MIAMI FL 33133			81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			11 TITLE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			12 NAME WILLIAM A. ABELONG, IV		
STREET ADDRESS			13 STREET ADDRESS 6701 SUNSET DR. STE 200 A		
CITY-ST-ZIP			14 CITY-ST-ZIP S. MIAMI FL 33143		
TITLE <input type="checkbox"/> DELETE			21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99 305-663-3266

CR2E034 (11/98)