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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90121 011 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000094349 o/c

1. Corporation Name

SUNLIGHT SYSTEMS, INC

Principal Place of Business

Mailing Address

1749 E. Hallendale Beach
 Blvd # 177
 Hallendale, FL 33009

P.O. BOX 6057
 SITKA, AK 99835

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1/5/98

2. Principal Place of Business

2a. Mailing Address

21 Same

26 Same

4. FEI Number

92-0165576

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip Country

29 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Patrick J. Rogers
 Sunlight Systems, Inc.
 1749 E Hallendale Beach Blvd #177
 Hallendale, FL 33009

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 Shawn L. Newell SHAWN L. NEWELL SECRETARY/TREASURER 4/2/99 SUN
Signature, typed or printed name of registered agent is a title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME PRESIDENT
 STREET ADDRESS: PATRICK J. ROGERS
 CITY-ST-ZIP: 1749 E Hallendale Beach Blvd, #177
 Hallendale, FL 33009

1.1 TITLE Change Addition
 1.2 NAME NONE
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME ~~SECRETARY/TREASURER~~
 STREET ADDRESS: SHAWN L. NEWELL
 CITY-ST-ZIP: P.O. BOX 6057
 SITKA, AK-99835

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS:
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS:
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS:
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS:
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 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(1)(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: Shawn L. Newell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99
Date

907-747-3530
Daytime Phone #

CR2E034 (11/98)