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

**PROFIT** CORPORATION ANNUAL REPORT

1999



DOCUMENT # POROCO105086

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 08, 1999 8:00 am Secretary of State 03-08-1999 90014 009 \*\*\*150.00

1. Corporation SUNSET	MANAGEMENT COMPANY				) (#21/48) (IB (#) (IB (#) (B) (I AB)) #1/4 #1/5   [1/2]	Name Occus II Name to	lii <b>n e</b> sii h <b>es</b> i
Principal Plac	e of Business	Mailing Address			1.001;007 110 (DIDY 7071)	AIDI BAKI DOLDI ID	
1485 S.W. 72ND STREET 9485 S.W. 72ND STREET							
UITE A-115	STREET	SUITE A-115			70 MOT WEST WATER OF A CO.		
IIAMI FL 33173		MIAMI FL 33173		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
O Dringing D	2a. Mailing Address		<del></del>	12/18/1998 4. FEI Number	An	plied For	
Z. Principal P	Principal Place of Business 2a. Mailing Ac		Address		65-0882693		t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.		73 000-1-	\$8.75 A	1
<u> </u>		27		5. Certificate of Status Desired	Fee Re		
City & State		City & State		<del>-</del>	6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	o Fees
Ziρ	Country	Zip	Country	<del></del> ;	8. This corporation owes the current year In		_
24	25	29 31	<u>o</u>		Personal Property Tax.	<del></del>	<b>⊠</b> No
	9. Name and Address of Curre	nt Registered Agent	-	Γ''	10. Name and Address of New Registered	Agent	
CIMO	AL CARV D		81	Name			
	N, GARY P		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
9100 S. DADELAND BLVD. Suite 504						<del></del>	
	FL 33156		83				
IVIII	11 6 33 130		84 City		FL	85 Zip C	Code
44 6	(D. 19) 007 0E	20 1 COZ 1500 El-ido Statutas	the shave		rporation submits this statement for the purpose of	-	registered
office or a agent. I a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the oblig- Signature, typed or printed name of registered age	ations of, Section 607.0505, Florid	la Statutes	·	tion's board of directors. I hereby accept the appo	ntment as rec	gistered
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 ŢITLE			Change	☐ Addition
NAME	COLROSS, ELIZABETH A		1.2 NAME				
STREET ADDRESS	9485 S.W. 72ND STREET		1.3 STREET	ADDRESS			ļ
CITY-ST-ZIP	MIAMI FL 33173		1.4 CITY-S	T-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	COLROSS, VICTORIA A		2.2 NAME				
STREET ADDRESS	9485 S.W. 72ND STREET		2.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33173		2.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	3.1 TITLE		<b>-</b> ·	Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET		2"		ļ
CITY-ST-ZIP		Content	3.4. CITY-S	T-ZIP		[] Change	Addition
TITLE		☐ DELETE	4.1 TITLE	ļ		Change	
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP	·	DELETE	4.4 CITY-ST 5.1 TITLE	I-ZiP		☐ Change	Addition
TITLE			5.1 TILLE 5.2 NAME			□	
NAME CZDEET ADODESO			5.3 STREET	TADDRESS			
STREET ADDRESS	7.C.50		5.4 CITY-S				ſ
CITY-ST-ZIP TITLE			6.1 TITLE			Change	Addition
NAME		_	6.2 NAME				ĺ
STREET ADDRESS			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(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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.