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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90083 007 ***150.00

DOCUMENT # **809685**

1. Corporation Name

SUNUNLIMITED, INC.

Principal Place of Business

Mailing Address

**119 Southeast 12th Street
Fort Lauderdale, Florida 33316**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10-26-90

2. Principal Place of Business

2a. Mailing Address

21 119 Southeast 12 St.

26 119 Southeast 12 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23 Ft. Lauderdale, FL

28 Ft. Lauderdale, FL

Zip Country

Zip Country

24 33316 25 USA

29 33316 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Jay G. Hilden
3685 Crossbranch Road
Deland, Florida 32724**

81 Name

James W. Stroup, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

119 Southeast 12th Street

83

Ft. Lauderdale, Florida 33316

84

City Ft. Lauderdale

85

Zip Code 33316

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

3-26-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **President** ☒ DELETE
NAME **J.G. Hilden**
STREET ADDRESS **3685 Crossbranch Road**
CITY-ST-ZIP **Deland, Florida 32724**

1.1 TITLE **President** ☐ Change ☒ Addition
1.2 NAME **Michael Mieth**
1.3 STREET ADDRESS **119 Southeast 12th Street**
1.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33316**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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(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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-99

Date

954-462-8808

Daytime Phone #

CR2E034 (11/98)