Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90080 049 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	\$43824
4. Companion Nome	CTOOL

1. Corporation	n Name									
SUN TIM	ME ENTERPRISES, INC.									
					•	i i ga ki ria iki g i				
		- 							I A BURNE BEBER LOAD	
Principal Place of Business Mailing Address										
4800 - 126TH AVENUE NORTH 4800 - 126TH AVENUE NORTH CLEARWATER FL 34622 CLEARWATER FL 34622			RTH		1					
OLEANWATEN I	F 34022	OCEMPMATER LE 04055					O NOT WRITE	IN THIS SPACE		
						3. Date Incorporated	or Qualifed			
						04/09/1991				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	Applied For	
21		26				65-0255863		Not Applicable		
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.			5. Certifcate of State	us Desired [\$8.75 Additional Fee Required		
City & Stat		City & State				6. Election Campaig	n Financina		May Be	
23	ic.	28				Trust Fund Contri	- 1	· ·	d to Fees	
Zip	Country	Zip 33762	Coun	try		8. This corporation	owes the current			
24	25	29 33 162	30			Personal Property		¥Yes	No	
	9. Name and Address of Curr	ent Registered Agent			1	0. Name and Addr	ess of New Reg	istered Agent		
COL	ANGELO, ERIC		[Name						
) 126TH AVE N		[•	Street A	Address	(P.O. Box Number is	Not Acceptable	e)	ļ	
	ARWATER FL 34622		-	33						
			{	14 City					ip Code 376コ	
11 Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Florida Statu	tes, the abo	ove-named o	corporal	tion submits this state	ement for the pur	mose of changing	its registered	
office or r	registered agent, or both, in the Statement familiar with, and accept the oblig	te of Florida. Such change was a	authorized I	by the corpo	ration's	board of directors. I	hereby accept the	ne appointment as	registered	
v	in laminal with, and accept the obig	ganona or, Section dor 10000, Fit	niga Olalai	63.					į	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOT)	: Registered A	gent signature re	quired wh	en reinstating)		DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHAN				
TITLE	DP	☐ DELETE	1.1 TITL	- 1	VI	LE PRESIDE		[☐ Chang	je 🗌 Addition	
NAME	COLANGELO, ERIC		1.2 NAM						ŀ	
STREET ADDRESS	4800 126TH AVE N		1.3 STR	EET ADDRESS						
CITY-ST-ZIP	CLEARWATER FL	□ or ere		-ST-ZIP	- 00	ESIDENT	P	Chang	ie Addition	
TITLE	DV DAVID	☐ DELETE	2.1 TITL		PI	egile"	r	E Criang	je [] Additori	
NAME	COLANGELO, DAVID		2.2 NAM	ſ					.	
STREET ADDRESS	1 -			EET ADDRESS		. -	· ·	₹	-	
CITY-ST-ZIP	CLEARWATER FL DS	☐ DELETE	2. 4 CIT 3.1 TITL	Y-ST-ZIP				Chang	e Addition	
TITLE NAME	COLANGELO, GLENN		3.2 NAM						, _	
STREET ADDRESS	4000 400711 4177 11			EET ADDRESS					l l	
CITY-ST-ZIP	CLEARWATER FL			/-ST-ZIP				•		
TITLE	OLD HITTIES	☐ DELETE	4.1 TITL					☐ Chang	ge 🗌 Addition	
NAME			4. 2 NA	Æ					\	
STREET ADDRESS			4.3 STR	EET ADDRESS			•			
CITY-ST-ZIP			4.4 CITY	-ST-ZIP						
TITLE		☐ DELETE	5.1 TITL	E				☐ Chang	je 🗌 Addition	
NAME			5.2 NAM				•			
STREET ADDRESS			5.3 STR	EET ADORESS					į	
CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ DELETE	6.1 TITL					Chang	je 🗌 Addition	
MARKET	I		6.2 NAM	Ε !						

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 or an attachment withyan address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNING OFFICER OR DIRECTOR

Daytime Phone #