

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S43991 (6)

1. Corporation Name

SUNRAY SERVICES GROUP OF ORLANDO, INC.



Principal Place of Business

1939 GROVE AVE  
FT. MYERS FL 33901  
US

Mailing Address

2234 SPRINGS LANDING BLVD  
SUITE 226  
LONGWOOD FL 32779  
US

3. Date Incorporated or Qualified  
04/09/1991

3a. Date of Last Report  
05/01/1995

4. FEI Number  
59-3060567

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 2234 SPRINGS LANDING BLVD  
Suite, Apt. #, etc.

2a. Mailing Address

26 2234 SPRINGS LANDING BLVD  
Suite, Apt. #, etc.

22 City & State

23 LONGWOOD, FL  
Zip Country

24 32779

25 SEHINDLE

27 City & State

28 LONGWOOD FL.  
Zip Country

29 32779

30 SEHINDLE

9. Name and Address of Current Registered Agent

HAUSER, MARIA A.  
2234 SPRINGS LANDING BLVD  
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

NAME DV  
STREET ADDRESS COFFIN, W.S.  
CITY-ST-ZIP 1830 BRANTLEY RD  
FT. MYERS FL

TITLE NAME ☐ DELETE

NAME DPTS  
STREET ADDRESS HAUSER, MARIA A.  
CITY-ST-ZIP 2234 SPRINGS LANDING BL.  
LONGWOOD FL

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPT ☐ Change ☒ Addition

1.2 NAME HAUSER, DAVID G.  
1.3 STREET ADDRESS 2234 SPRINGS LANDING BLVD  
1.4 CITY-ST-ZIP LONGWOOD, FL. 32779

2.1 TITLE DVS ☒ Change ☐ Addition

2.2 NAME HAUSER, MARIA A  
2.3 STREET ADDRESS 2234 SPRINGS LANDING BLVD  
2.4 CITY-ST-ZIP LONGWOOD, FL. 32779

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

MARIA A. HAUSER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA A. HAUSER

4/26/96

(407) 862-4048

Date

Daytime Phone #

CR2E034 (12/95)