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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 **DOCUMENT # S67624**

SUNSET	ISLAND PARTY MANAGEMI	ENT CORP.					A
Principal Place	of Business	Mailing Address				i 8/8/1 010)î 8/81/ 6/	DAN BIONN HEBY
P.O. BOX 2185 P.O. BOX 2185							
KEY WEST FL 33040 KEY WEST FL 33040					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	3 SPACE	
	•				· 07/19/1991		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	olied For
26					65-0392562	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	
22					3, definicate of cuttos accorde	Fee Red	<u> </u>
— '	City & State City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 t Added to	
Zip	Country		Country		8. This corporation owes the current year		
24	25	29 33945 30]	,	Personal Property Tax.		□No
24	9. Name and Address of Current				10. Name and Address of New Registers	d Agent	
J. Hattle with Prayable of California				Name			
MILLS, PAUL S CPA			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
601 DUVAL ST STE 4							
KEY WEST FL 33040			83	' l			
RET WEST TE 50040			84	City	F	85 Zip C	ode
44 Purcuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes.	the abov	e-named corr	poration submits this statement for the nurnose	of changing its	registered
office or re	egistered agent, or both, in the State of	f Florida. Such change was authors of Section 607 0505. Florida	orized by	the corporati	ion's board of directors. I hereby accept the app	ointment as reg	jistered
1	m tamıllar with, and accept the obligati	ons of, Section 607.0505, Florida	Statutes	5.			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	istered Age	ent signature requir	ed when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	_		1.1 TITLE			Change	☐ Addition
NAME	TILETEN, THOTHER C		1.2 NAME				ļ
STREET ADDRESS	TODICO TO DI ING. ID DI ING.		1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	1121		1.4 CITY-5	ST-ZIP			- Addision
TITLE	_ _ _		2.1 TITLE	l		☐ Change	Addition
NAME			2.2 NAME		•		
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP ·			2. 4 CITY-	ST-ZIP	<u> </u>	Change	☐ Addition
TITLE		C Deterie	3.2 NAME				_
NAME				ET ADDRESS			
STREET ADDRESS			3.4. CITY-	1			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	4.1 TITLE	31- <i>LIF</i>		☐ Change	☐ Addition
NAME			4.2 NAME	:			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	•		4.4 CITY-5	I	_		
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME.			5.2 NAME				
STREET ADDRESS			5.3 STREE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-5				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
MANE			6.2 NAME				,

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

Director

May 01, 1999 8:00 am Secretary of State

05-01-1999 90019 039 ***158.75