**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **V06248**

1. Corporation Name

SOUTH FLORIDA SUN BLOCKERS, INC.

FILED
Apr 27, 1999 8:00 am
Secretary of State
04.00 1000 00054 004 ***150 00

04-27-1999 90056 034 \*\*\*150.00



Principal Place	e of Business	Mailing Address	7300 W. CAMINO REAL SUITE 227						• • • • • • • • • • • • • • • • • • • •
7300 W. CAMIN	IO REAL	7300 W. CAMINO R							
SUITE 227							DO NOT WOITE IN THE COACE		
BOCA RATON	FL 33433	BOCA RATON FL 33	BOCA RATON FL 33433			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
US		US				01/13/1992	or Qualifed		
2. Principal P	lace of Business	2a. Mailing Address	5			4. FEI Number		A	pplied For
21		26	26			65-0301391		N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	Suite, Apt. #, etc.			5. Certificate of Status	Desired	*	Additional
22		27	27			J. Certifolite of Status	Desired [	Fee R	lequired
City & S at	е	City & State	City & State			6. Election Campaign	Financing	\$5.00	May Be
23		28	28			Trust Fund Contrib	oution Added to Fees		
Zip Country		Zip	Zip Country			8. This corporation owes the current year Intangible			
24	25	29	30			Personal Property		☐ Yes	[]No
	9. Name and Add ess of	Current Registered Agent				10. Name and Addres	s of New Registere	d Agent	
				81	Name				
	RRAY, ELLEN S.		82 Street Ac			cdress (P.O. Box Number is Not Acceptable)			
	) W. CAMINO REAL					· · · · · · · · · · · · · · · · · · ·			
	E 227			83					
BOC	A RATON FL 33433			84	City			. 85 Zip	Code
					•		F		ŀ
11. Pursuant	to the provisions of Sc ctions 6	07.0502 and 607.1508, Florida	Statutes, the	above	named cc	rporation submits this stater	ment for the purpose	of changing it	s registered
office crr	egistered agent, or bo h, in the im familiar with, and accept the	e State of Florida, Such change e obligations of, Section 607.05	was autnoriza 05, Florida Sta	eα by ι atutes.	ne corpora	tion's board of theclors. Th	ereby accept the apt	Ulliament as i	eg stered
]									-
SIGNATURE	Signature, typed or printed na ne of regist	tered agent and title if applicable.	(NOT :: Register	ed Agent	signature requ	ired when reinstating)	DATE		
12.		RS AND DIRECTORS	13	3		ADDITIONS/CHANG	SES TO OFFICERS		
TITLE	PD	☐ DELI	ETE 1.1	TITLE	-			Change	Addition
NAME	MURRAY, ELLEN S.		1.2	NAME					
STREET ADDRESS	7226 PANACHE WAY		1.3	STREET	ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		1.4	CITY-ST	ZIP				
TITLE	VD	☐ DELI	ETE 2.1	TITLE				☐ Change	☐ Addition
NAME	MURRAY, AMY R.		2.2	NAME					
STREET ADDRESS	7226 PANACHE WAY		2.3	STREET	ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		2. 4	CITY-ST	- ZIP				
TITLE		☐ DEL	ETE 3.1	TITLE				Change	☐ Addition
NAME			3.2	NAME					
STREET ADDRESS			3.3	STREET	ADDRESS				
CITY-ST-ZIP			3.4.	. CITY-ST	-ZIP				
TITLE		☐ DEL	ETE 4.1	TITLE				☐ Change	: Addition
NAME			4. 2	NAME					
STREET ADDRESS			4.3	STREET	ADDRESS				
CITY-ST-ZIP			44	CITY-ST	-ZIP				
TITLE		☐ DEL		TITLE				☐ Change	Addition
NAME			5.2	NAME					1
STREET ADDRESS			5.3	STREET	ADDRESS				;
CITY-ST-ZIP			54	CITY-ST-	- ZIP				
TITLE		☐ DEL	ETE 6.1	TITLE				☐ Change	. Addition
NAME		<b>_</b>		NAME					
ŀ					ADDRESS				
STREET ADDRESS				CITY-ST					ļ
CITY-ST-ZIP	I		U.7	311, 31					

CITY-ST-ZIP 14. I heret y certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(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.