

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 07, 1999 8:00 am**  
**Secretary of State**  
 09-07-1999 90004 007 \*\*\*550.00

0111/49

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **V06463**  
 Corporation Name  
**SUNYCON, INC.**



Principal Place of Business: 35 SOUTHEAST 58TH AVENUE SUITE 4 OCALA FL 34471  
 Mailing Address: 2935 SE 58 AVE SUITE 4 OCALA FL 34471 US

DO NOT WRITE IN THIS SPACE

2a. Mailing Address: 90 Isle of Venice  
 26 Suite, Apt. #, etc.: 4a  
 27 City & State: Ft. Lauderdale  
 28 Zip: 33301  
 29 Country: Florida  
 30

3. Date Incorporated or Qualified: 01/13/1992  
 4. FEI Number: 65-0303634 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 owes the current year Intangible Personal Property: Yes No

9. Name and Address of Current Registered Agent  
**FUNK, RAINER D**  
**2935 SE 58 AVE**  
**4**  
**OCALA FL 34471**

10. Name and Address of New Registered Agent  
 81 Name: Zoellin, Ulrich  
 82 Street Address (P.O. Box Number is Not Acceptable): 90 Isle of Venice  
 83  
 84 City: Ft. Lauderdale FL 85 Zip Code: 33301

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: *U. M. Harris* (NOTE: Registered Agent signature required when reinstating) DATE:

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E	PST FUNK, RAINER D 2935 SE 58TH AVENUE OCALA FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
E	D MUELLER, HENRIK 2935 SE 58TH AVENUE OCALA FL	<input type="checkbox"/> DELETE	2.1 TITLE: President 2.2 NAME: Mueller, Henrik 2.3 STREET ADDRESS: 90 Isle of Venice 2.4 CITY-ST-ZIP: Ft. Lauderdale
E	D MUELLER, MARGOT 2935 SE 58TH AVENUE OCALA FL	<input type="checkbox"/> DELETE	3.1 TITLE: VP 3.2 NAME: Mueller, Margot 3.3 STREET ADDRESS: 90 Isle of Venice 3.4 CITY-ST-ZIP: Ft. Lauderdale
E		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
E		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
E		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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.

SIGNATURE: *[Signature]* DATE: 07/21/99 DAYTIME PHONE #: (954) 763-5501

CRZE034 (5/99)