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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(2)

SUNUP TO SUNDOWN, INC.

**FILED** Apr 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									T TANDIT MITTON STITTO NOTICE TORRES BEIRS BEIRST MEDIS DEDEK MEDIS MEDI	
13251 NE HWY 314 SILVER SPRINGS FL 34488 US  13251 NE HWY 3 SILVER SPRINGS US									DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
									05/15/1992	
2. Principal P	lace of Busi	ness		2a. Mailing Address					4. FEI Number Applied For	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					59-3129869   Not Applicable   \$8.75 Additional	
22				27					Certificate of Status Desired     Fee Required	
City & State				City & State					6. Election Campaign Financing \$5.00 May Be	
23				28					Trust Fund Contribution Added to Fees	
	Zip Country		-	¬ `	Zip Cou		У		8. This corporation owes or has paid the current year Intangible	
24 25 25 P. Name and Address of Curren			of Current Red		<u> </u>				Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent	
RII	SSELL, JA			giotorou rig		81	81 Name			
	251 NE HM			82 Street Add			ress (P.O. Box Number is Not Acceptable)			
		IGS FL 34488	}			0.2	311	eer Addre	less (F.O. box Number is Not Acceptable)	
						83				
							Cit	:y	■■ 85 Zip Code	
11 Pureuppt	to the provis	ions of Spetion	607 0602 and	1607 1609	Elorida Ctatuta	s the short		nod norne	FL 89 Zip Code	
11. Pursuent 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. 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 A							ent sign	nature require	rod when reinsleting) DATE	
12.									ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME	•	I IAMES D		Ĺ	DELET <b>e</b>	1.1 TITLE 1.2 NAME		-	L. Change L. Addition	
RUSSELL, JAMES P. STREET ADDRESS 13251 NE HWY 314				1			T ADDR	E66		
CITY-ST-ZIP SILVER SPRINGS FL							ST-ZIP	133		
TITLE			T	DELETE 2.1 TO		01 217		Change Addition		
NAME				2.			2.2 NAME			
STREET ADDRESS	ET ADDRESS			2.3			2.3 STREET ADDRESS			
CITY-ST-ZIP					2.40					
TITLE		_ DELETE	3.1 TITLE			Change Addition				
NAME				3.21						
STREET ADDRESS					3.3 \$					
CITY-ST-ZIP TITLE	DELETE						3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition	
NAME				_	_	4. 2 NAME				
STREET ADDRESS						4.3 STREE		ess		
CITY-ST-ZIP						4.4 CITY-				
TITLE					DELE <b>TE</b>	5.1 TITLE			Change Addition	
NAME						5.2 NAME				
STREET ADDRESS						5.3 STREE	ADDA	ess		
CITY-ST-ZIP			<del></del> -	<del></del>	DELETE	5.4 CITY - 5	31 - ZIP		[ ] Di	
TITLE				Ĺ	DELETE	6.1 TITLE		1	☐ Change ☐ Addition	
NAME Street address						6.2 NAME 6.3 STREE	(ADDD)	:00		
CITY-ST-ZIP						6.4 CITY-S				
						0.7 011173	A 1 E 0			

Thereby 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 two 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 organ attachment with an address.