

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

FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V41906** (1)
1. Corporation Name
FLORIDA SUNBEEMERS, INC.



Principal Place of Business P. O. BOX 2257 SARASOTA FL 34230-2257 US	Mailing Address P. O. BOX 2257 SARASOTA FL 34230-2250 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 06/05/1992	4. FEI Number 65-0364443	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						

9. Name and Address of Current Registered Agent

**JARRETT, SANDY
2488 MILMAR DRIVE
SARASOTA FL 34237**

10. Name and Address of New Registered Agent

81 Name JOHNSON, PAM
82 Street Address (P.O. Box Number is Not Acceptable)
83 1311 50th AVE. DR. W.
84 City Palmetto FL 85 Zip Code 34221

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 *Pam Johnson* **PAM JOHNSON TREAS.**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNSON, THOMAS		1.2 NAME	
STREET ADDRESS 1311 50TH AV DR W		1.3 STREET ADDRESS	
CITY-ST-ZIP PALMETTO FL 34243		1.4 CITY-ST-ZIP	
TITLE V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIS, MARK		2.2 NAME	
STREET ADDRESS 4439 MCINTOSH RD.		2.3 STREET ADDRESS 3645 Cortez Rd W 150	
CITY-ST-ZIP SARASOTA FL		2.4 CITY-ST-ZIP Bradenton FL 34210	
TITLE S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JARRETT, SANDY		3.2 NAME	
STREET ADDRESS 2488 MILMAR DR		3.3 STREET ADDRESS Cassell, Heidi	
CITY-ST-ZIP SARASOTA FL 34237		3.4 CITY-ST-ZIP 8907 12th AVE N.W.	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNSON, PAM		4.2 NAME	
STREET ADDRESS 1311 50TH AVE DR W		4.3 STREET ADDRESS	
CITY-ST-ZIP PALMETTO FL 34243		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: *Pam Johnson* **PAM JOHNSON** 13 Feb 98 9417220289

CR2E034 (10/97)