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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V41906

FLORIDA SUNBEEMERS, INC.

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Principal Place of Business Mailing Address										
P. O. BOX 2257 P. O. BOX 2257 SARASOTA FL 34230-2250					^			}		
US				SARASOTA FL 34230-2250 US				DO NOT WRITE IN THIS SPACE		
	•	•						3. Date Incorporated or Qualifed		
	•							06/05/1992		
2. Principal P	lace of Busin	ess	2a.	. Mailing Address				4. FEI Number		Applied For
21		·	26					65-0364443		Not Applicable
Suite, Apt.	#, etc.	· · · · · · · · · · · · · · · · · · ·		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22 -			27	·				5. Consider of States 2000/Cd	Fee	Required
City & State			\vdash	City & State				6. Election Campaign Financing		0 Мау Ве
23		0	28	7:-	0	<u>. </u>		Trust Fund Contribution		d to Fees
Zip	. г	Country	-	Zip	Coun	ury		8. This corporation owes the current ye	ar Intangible	□No
24		25 and Address of Curre	29	tered Apont	30			Personal Property Tax. 10. Name and Address of New Regist		
	J. Haine	and Address of Corn	gir Keðis	stered Agent		81	Name	IV. Name and Address or New Negrot	ered Agent	
JOH	NSON, PAN	A								
1311 50TH AVE DR W				82			Street Addres	ss (P.O. Box Number is Not Acceptable)		
PALI	METTO FL	34221			- -	вз				* * * * * * * * * * * * * * * * * * *
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11. Pursuant	to the provisi	ons of Sections 607.05	502 and 6	07.1508. Florida Statu	ites, the abo	ove-r	named corpor	ration submits this statement for the purpo	se of changing	ts registered
office or re	egistered age	ent, or both, in the Stat h, and accept the oblid	e of Florid	da. Such change was	authorized	by th	e corporation	ration submits this statement for the purpor's board of directors. I hereby accept the	appointment as	registered
:	m tamıllar wil	n, and accept the oblig	gauons or	, Section 607.0505, Fi	onoa Statui	es.				
SIGNATURE	Signature, typed	or printed name of registered ag	gent and title	if applicable. (NOT	E: Registered A	gent si	ignature required v	when reinstating) : DA	TE	
12.		OFFICERS A			13.			ADDITIONS/CHANGES TO OFFICER	C AND DIDEC	ORS IN 12
TITLE	n"				10.			ADDITIONS/CHANGES TO OFFICE	(S AND DIREC	0110111
	P			☐ DELETE	1.1 TITL	Ē		ADDITIONS/CHANGES TO OFFICER	Chang	
NAME		I, THOMAS						······································		
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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

STREET ADDRESS

70an 99 Date

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90034 004 ***150.00

CR2E034 (11/98)