

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 196579 (7)

1. Corporation Name  
**SUN HARBOR, INC.**



Principal Place of Business: 214 INLET WAY, PALM BCH SHORES FL 33404, US  
Mailing Address: 214 INLET WAY, PALM BCH SHORES FL 33404, US

3. Date Incorporated or Qualified <b>10/05/1956</b>	3a. Date of Last Report <b>01/30/1995</b>
4. FEI Number <b>59-6071928</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent <b>KORNFELD, JOHN 208 INLET WAY RIVIERA BEACH FL 33404</b>	10. Name and Address of New Registered Agent
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
	FL 85 Zip Code

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent if not applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>TS</b>	NAME: <b>STOFFEL, JOSEPH</b>	1.1 TITLE: <b>T-S</b>	1.2 NAME: <b>STOFFEL, JOSEPH</b>
STREET ADDRESS: <b>214 INLET WAY</b>	CITY-ST-ZIP: <b>PALM BEACH SH FL</b>	1.3 STREET ADDRESS: <b>214 INLET WAY</b>	1.4 CITY-ST-ZIP: <b>PALM BEACH SH FL</b>
TITLE: <b>VPD</b>	NAME: <b>KORNFELD, JOHN</b>	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: <b>208 INLET WAY</b>	CITY-ST-ZIP: <b>RIVIERA BEACH FL</b>	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: <b>PD</b>	NAME: <b>MAYNARD, JACK</b>	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: <b>214 INLET WAY</b>	CITY-ST-ZIP: <b>RIVIERA BEACH FL</b>	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: <b>S</b>	NAME: <b>PARKS, KENNETH</b>	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: <b>214 INLET WAY</b>	CITY-ST-ZIP: <b>PALM BEACH SH FL</b>	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE: <b>D</b>	NAME: <b>SCHEUING, KARL</b>	5.1 TITLE:	5.2 NAME:
STREET ADDRESS: <b>214 INLET WAY</b>	CITY-ST-ZIP: <b>PALM BCH SHORES FL</b>	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE: <b>D</b>	NAME: <b>LOCKERBIE, RALPH</b>	6.1 TITLE:	6.2 NAME:
STREET ADDRESS: <b>214 INLET WAY</b>	CITY-ST-ZIP: <b>PALM BEACH SHORES FL</b>	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Joseph Stoffel **JOSEPH STOFFEL** 1/29/96 407-844-5853  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)