

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

FILED

**Feb 24 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 # 196579 (7)
1. Corporation Name
SUN HARBOR, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 214 INLET WAY PALM BCH SHORES FL 33404 US		Mailing Address 214 INLET WAY PALM BCH SHORES FL 33404 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	P O Box 2653
22	City & State	27	Jupiter FL
23	Zip	28	Country
24	Country	29	33468-2653
25	Country	30	US

3. Date Incorporated or Qualified 10/05/1956	4. FEI Number 59-6071928	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 type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**KORNFELD, JOHN
208 INLET WAY
RIVIERA BEACH FL 33404**

10. Name and Address of New Registered Agent

81 Name KORTENHAUS, ROBERT A
82 Street Address (P.O. Box Number is Not Acceptable) 214 Inlet Way #301
83 City Palm Beach Shores
84 City FL
85 Zip Code 33404

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: Robert A. Kortenhaus **Robert A. Kortenhaus** DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T NAME: STOFFEL, JOSEPH STREET ADDRESS: 214 INLET WAY CITY-ST-ZIP: PALM BEACH SH FL	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VPD NAME: KORNFELD, JOHN STREET ADDRESS: 208 INLET WAY CITY-ST-ZIP: RIVIERA BEACH FL	XX DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PD NAME: MAYNARD, JACK STREET ADDRESS: 214 INLET WAY CITY-ST-ZIP: RIVIERA BEACH FL	XX DELETE	2.2 NAME: HANES, GALEN 2.3 STREET ADDRESS: 214 Inlet Way #106 2.4 CITY-ST-ZIP: Palm Beach Shores 33404	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D NAME: SCHEUING, KARL STREET ADDRESS: 214 INLET WAY CITY-ST-ZIP: PALM BCH SHORES FL	XX DELETE	3.1 TITLE: PD 3.2 NAME: KORTENHAUS, ROBERT A 3.3 STREET ADDRESS: 214 Inlet Way #301 3.4 CITY-ST-ZIP: Palm Beach Shores Fl 33404	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D NAME: LOCKERBIE, RALPH STREET ADDRESS: 214 INLET WAY CITY-ST-ZIP: PALM BEACH SHORES FL	XX DELETE	4.1 TITLE: D 4.2 NAME: KLOCKNER, MARGARET 4.3 STREET ADDRESS: 214 Inlet Way, #201 4.4 CITY-ST-ZIP: Palm Beach Shores 33404	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.1 TITLE: SEC 5.2 NAME: MAYNARD, JOYCE 5.3 STREET ADDRESS: 214 Inlet Way #205 5.4 CITY-ST-ZIP: Palm Beach Shores Fl 33404	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.2 NAME	
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	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: Joseph Stoffel **Joseph Stoffel** 561-844 5853

CR2E034 (10/97)