

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

**FILED**

**Jan 29, 1999 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

01-29-1999 90009 018 \*\*\*\*150.00

**DOCUMENT # 196579**

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



Principal Place of Business Mailing Address  
**14 INLET WAY P O BOX 2653  
ALM BCH SHORES FL 33404 JUPITER FL 33468-2653  
S. US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/05/1956</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</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>KORTENHAUS, ROBERT A 214 INLET WAY 301 PALM BEACH SHORES FL 33404</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

I, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	T <input type="checkbox"/> DELETE STOFFEL, JOSEPH 214 INLET WAY PALM BEACH SH FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	VPD <input type="checkbox"/> DELETE HÄNES, GALEN 214 INLET WAY 106 PALM BEACH SHORES FL 33404	1.2 NAME	
REET ADDRESS	PD <input type="checkbox"/> DELETE KORTENHAUS, ROBERT A 214 INLET WAY 301 PALM BEACH SHORES FL 33404	1.3 STREET ADDRESS	
Y-ST-ZIP	D <input type="checkbox"/> DELETE KLOCKNER, MARGARET 214 INLET WAY 201 PALM BEACH FL 33404	1.4 CITY-ST-ZIP	
LE	SEC <input type="checkbox"/> DELETE MAYNARD, JOYCE 214 INLET WY 205 PALM BEACH SHORES FL 33404	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		2.2 NAME	
REET ADDRESS		2.3 STREET ADDRESS	
Y-ST-ZIP		2.4 CITY-ST-ZIP	
LE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		3.2 NAME	
REET ADDRESS		3.3 STREET ADDRESS	
Y-ST-ZIP		3.4 CITY-ST-ZIP	
LE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: **Joseph Stoffel** SIGNATURE REQUIRED **Joseph Stoffel** 1/12/99 562-844-5853  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)