

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **213898**  
1. Corporation Name  
**SUN ART PAINTING CORPORATION**

**(0)**



Principal Place of Business: **C/O ROBERT L CUSUMANO 1966 W. 9TH ST. STE A RIVIERA BCH. FL 33404**  
Mailing Address: **C/O ROBERT L CUSUMANO 1966 W. 9TH ST. STE A RIVIERA BCH. FL 33404**

3. Date Incorporated or Qualified: **07/01/1958**  
3a. Date of Last Report: **04/25/1995**  
4. FEI Number: **59-0840905**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
**CUSUMANO, ROBERT L  
1966 W. 9TH ST. STE A  
RIVIERA BCH. FL 33404**

10. Name and Address of New Registered Agent (81-85)  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code  
**FL**

11. Pursuant to the provisions of Sections 607.04(2) and 607.1506, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.04(2), Florida Statutes.

SIGNATURE: \_\_\_\_\_  
Signature of Registered Agent or Director

12. OFFICERS AND DIRECTORS

TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>BUCHANAN, WANDA S.</b>	
STREET ADDRESS	<b>8211 NEEDLES DRIVE</b>	
CITY- ST- ZIP	<b>PALM BCH GARDENS FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>CUSUMANO, ROBERT L.</b>	
STREET ADDRESS	<b>8642 141ST STREET N.</b>	
CITY- ST- ZIP	<b>LAKE PARK FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>LAMBERT, TOM</b>	
STREET ADDRESS	<b>1966 W. 9TH ST</b>	
CITY- ST- ZIP	<b>RIVIERA BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	
62. NAME	
63. STREET ADDRESS	
64. CITY- ST- ZIP	

14. I do hereby certify that the information supplied in 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: W Buchanan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 407/842-2455  
Date Date/Phone #

CR2E034 (12/95)