

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **377657** (2)

1. Corporation Name
SOMETHING SPECIAL UNDER THE SUN, INC.



Principal Place of Business: **4441 COLLINS AVE MIAMI BCH FL 33140**
Mailing Address: **4441 COLLINS AVE MIAMI BCH FL 33140**

3. Date Incorporated or Qualified: **02/25/1971**
3a. Date of Last Report: **02/03/1995**
4. FEI Number: ~~69-1362888~~ **59-1946712**
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 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

9. Name and Address of Current Registered Agent

**REID, ALICE
10910 NW 14TH AVE., #C22
MIAMI FL 33167**

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 607.0302 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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

11	P	OLIPHANT, MOLLIE	<input type="checkbox"/> DELETE
12		5700 COLLINS AVE #62	
13		MIAMI BEACH FL	
14	VS		<input type="checkbox"/> DELETE
15		OLIPHANT, ANTHONY	
16		2540 TROUT WAY	
17		COOPER CITY FL	
18			<input type="checkbox"/> DELETE
19			
20			<input type="checkbox"/> DELETE
21			
22			<input type="checkbox"/> DELETE
23			
24			<input type="checkbox"/> DELETE
25			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	12 NAME	
13	13 STREET ADDRESS	
14	14 CITY - ST - ZIP	
21	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	22 NAME	
23	23 STREET ADDRESS	
24	24 CITY - ST - ZIP	
31	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	32 NAME	
33	33 STREET ADDRESS	
34	34 CITY - ST - ZIP	
41	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	42 NAME	
43	43 STREET ADDRESS	
44	44 CITY - ST - ZIP	
51	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	52 NAME	
53	53 STREET ADDRESS	
54	54 CITY - ST - ZIP	
61	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	62 NAME	
63	63 STREET ADDRESS	
64	64 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: *Mollie Oliphant Pres* 1-30-96 X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)