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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **506280** (7)

1. Corporation Name
SUNSET INDUSTRIES, INC.

Principal Place of Business 114 SUNSET DRIVE P. O. BOX 018 COCOA BEACH FL-32901	Mailing Address 114 SUNSET DRIVE P. O. BOX 018 COCOA BEACH FL-32901
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/22/1976	3a. Date of Last Report 04/20/1994
4. FEI Number 59-1696854	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 has liability for intangible tax under S. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No already ps.	

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 320818
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 -
City & State 23	City & State 28 Cocoa Beach, Fl.
Zip 24	Country 25
29 32932-0818	30 Brevard

9. Name and Address of Current Registered Agent

**BUNTING, JAMES R.
114 SUNSET DRIVE
COCOA BEACH FL 32931**

10. Name and Address of New Registered Agent

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 607.0502 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 and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	VNEK, DR. JOHN
STREET ADDRESS	5133 POST ROAD
CITY - ST - ZIP	BRONX NY
TITLE	D
NAME	BUNTING, JAMES R
STREET ADDRESS	114 SUNSET DRIVE
CITY - ST - ZIP	COCOA BEACH, FL 0
TITLE	PST
NAME	BUNTING, JEANETTE R
STREET ADDRESS	114 SUNSET DRIVE
CITY - ST - ZIP	COCOA BEACH, FL 0
TITLE	D
NAME	VOOR, MELODY B.
STREET ADDRESS	6494 ALLEGHANY AVE.
CITY - ST - ZIP	COCOA FL
TITLE	VD
NAME	BUNTING, JAMES R JR
STREET ADDRESS	148 WEST VOLUSIA LANE
CITY - ST - ZIP	COCOA BEACH, FL 0
TITLE	D
NAME	BUNTING, JEANETTE, R
STREET ADDRESS	114 SUNSET DR
CITY - ST - ZIP	COCOA BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 110.07(3)(b), 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: Jeanette R. Bunting (Jeanette R. Bunting) 4-27-95 407-284-1612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR