

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 2: 21

DOCUMENT # 741297 (6)

1. Corporation Name

SUNSET, INC.

Principal Place of Business

Mailing Address

6400 ESTERO BLVD
FT MYERS BCH FL 33901
US

6400 ESTERO BLVD
FT MYERS BCH FL 33901
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/30/1977	3a. Date of Last Report 01/28/1994
4. FEI Number 59-1841590	Applied For 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

REAGAN, MICHAEL M
6400 ESTERO BLVD, UNIT 1004
FT MYERS BCH FL 33931

10. Name and Address of New Registered Agent

81 Name **Lillian T. Lynch**
82 Street Address (P.O. Box Number is Not Acceptable)
6400 ESTERO BLVD, UNIT 1001
83
84 City **FT. MYERS BEACH** FL 85 Zip Code **33931**

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 Lillian T. Lynch Lillian T. Lynch - Secretary 1/28/95
Signature, typed or printed name of registered agent (and fee if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	REAGAN MICHAEL M
STREET ADDRESS	6400 ESTERO BLVD #1004
CITY - ST - ZIP	FT MYERS BCH FL
TITLE	VTD
NAME	MELLOR, KENNETH P
STREET ADDRESS	6400 ESTERO BLVD #801
CITY - ST - ZIP	FT MYERS BCH FL
TITLE	SD
NAME	LYNCH, LILLIAN T
STREET ADDRESS	6400 ESTERO BLVD #1001
CITY - ST - ZIP	FT MYERS BCH FL
TITLE	D
NAME	BURKS, WILLIAM
STREET ADDRESS	6400 ESTERO BLVD #302
CITY - ST - ZIP	FT MYERS BCH FL
TITLE	D
NAME	YOUNG, WILLARD R
STREET ADDRESS	6400 ESTERO BLVD, #703
CITY - ST - ZIP	FT. MYERS BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	V D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHARLES ROWE	
1.3 STREET ADDRESS	6400 ESTERO BLVD, UNIT 802	
1.4 CITY - ST - ZIP	FT. MYERS BEACH, FL 33931	
2.1 TITLE	T D	<input checked="" 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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PETER GRAFF	
4.3 STREET ADDRESS	6400 ESTERO BLVD, UNIT 604	
4.4 CITY - ST - ZIP	FT. MYERS BEACH, FL 33931	
5.1 TITLE	PD	<input checked="" 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 the 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kenneth P. Mellor Kenneth P. Mellor 1/28/95 813-765-1696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)