FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -2 AM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J10116 (8)

1. Corporation Name
SUNSTREAM, INC.

600001475596
-05/04/95--01032--015
****626.25 ****208.75
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
ATTN: JANE KIRKMAN 6640 ESTERO BLVD. FT MYERS BCH. FL 33931	ATTN: JANE KIRKMAN 6640 ESTERO BLVD. FT MYERS BCH. FL 33931

3. Date Incorporated or Qualified: 04/18/1986
3a. Date of Last Report: 07/11/1994
4. FEI Number: 58-1674018 — Applied For / Not Applicable
5. Certificate of Status Desired: [X] $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	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip · 25 Country	29 Zip · 30 Country

9. Name and Address of Current Registered Agent

MONSRUD, MARY ANNE
6640 ESTERO BLVD.
FT. MYERS BEACH FL 33931

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 607.0502 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 ______ Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	[ ] Change [ ] Addition
NAME	LAWRENCE, PAUL W	1 2 NAME	
STREET ADDRESS	1303 S FRONTAGE RD #11	1 3 STREET ADDRESS	
CITY ST ZIP	HASTINGS MN	1 4 CITY ST ZIP	
TITLE	VSD	2 1 TITLE	VSD [X] Change [ ] Addition
NAME	VOGEL, JAMES D.	2 2 NAME	VOGEL, JAMES D.
STREET ADDRESS	622 SW 27TH ST.	2 3 STREET ADDRESS	3936 TAMIAMI TRAIL N, SUITE D
CITY ST ZIP	GAINESVILLE FI	2 4 CITY ST ZIP	NAPLES, FL 33940
TITLE	DV	3 1 TITLE	[ ] Change [ ] Addition
NAME	SWANSON, ROBERT J	3 2 NAME	
STREET ADDRESS	1303 S FRONTAGE RD #11	3 3 STREET ADDRESS	
CITY ST ZIP	HASTINGS MN	3 4 CITY ST ZIP	
TITLE	D	4 1 TITLE	D [X] Change [ ] Addition
NAME	HERTOGS, SAMUEL H.	4 2 NAME	VOGEL, RICHARD M.
STREET ADDRESS	1350 S. FRONTAGE RD.	4 3 STREET ADDRESS	3936 TAMIAMI TRAIL N, SUITE D
CITY ST ZIP	HASTINGS MN	4 4 CITY ST ZIP	NAPLES, FL 33940
TITLE	DPT	5 1 TITLE	[ ] Change [ ] Addition
NAME	LAWRENCE, DAVID A.	5 2 NAME	
STREET ADDRESS	1303 S. FRONTAGE ROAD	5 3 STREET ADDRESS	
CITY ST ZIP	HASTINGS MN	5 4 CITY ST ZIP	
TITLE	SVD	6 1 TITLE	[ ] Change [ ] Addition
NAME	FLUEGEL, DONALD	6 2 NAME	
STREET ADDRESS	1303 S. FRONTAGE ROAD	6 3 STREET ADDRESS	
CITY ST ZIP	HASTINGS MN	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 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: David A. Lawrence 2/17/95 813 765-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #