

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 # J10116 (8)

1. Corporation Name
SUNSTREAM, INC.



Principal Place of Business

ATTN: JANE KIRKMAN
6640 ESTERO BLVD.
FT MYERS BCH. FL 33931

Mailing Address

ATTN: JANE KIRKMAN
6640 ESTERO BLVD.
FT MYERS BCH. FL 33931

3. Date Incorporated or Qualified
04/18/1986

3a. Date of Last Report
05/02/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
58-1674018

Applied For
Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24. Zip Country

28. Zip Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

TITLE D ☐ DELETE
NAME LAWRENCE, PAUL W
STREET ADDRESS 1303 S FRONTAGE RD #11
CITY-ST-ZIP HASTINGS MN

TITLE VSD ☐ DELETE
NAME VOGEL, JAMES D.
STREET ADDRESS 3936 TAMiami TRAIL N. STE. D
CITY-ST-ZIP NAPLES FL 33940

TITLE DV ☐ DELETE
NAME SWANSON, ROBERT J
STREET ADDRESS 1303 S FRONTAGE RD #11
CITY-ST-ZIP HASTINGS MN

TITLE D ☐ DELETE
NAME VOGEL, RICHARD M
STREET ADDRESS 3936 TAMiami TRAIL N. STE. D
CITY-ST-ZIP NAPLES FL 33940

TITLE DPT ☐ DELETE
NAME LAWRENCE, DAVID A.
STREET ADDRESS 1303 S. FRONTAGE ROAD
CITY-ST-ZIP HASTINGS MN

TITLE SVD ☐ DELETE
NAME FLUEGEL, DONALD
STREET ADDRESS 1303 S. FRONTAGE ROAD
CITY-ST-ZIP HASTINGS MN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 truthfully 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, changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96

Date

941 765-4111

Daytime Phone #

CR2E034 (12/95)