

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K10779 (2)**

1. Corporation Name  
**SUNVEST, INC.**

Principal Place of Business: **1100 SOUTH STATE RD 7, SUITE 100 MARGATE FL 33068**  
Mailing Address: **1100 SOUTH STATE RD 7, SUITE 100 MARGATE FL 33068**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/04/1988** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-086218** Applied For:  Not Applicable:

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 (21-24) and Mailing Address (2a-2d) fields with sub-headers for Suite, City & State, Zip, and Country.

**9. Name and Address of Current Registered Agent**

**10. Name and Address of Now Registered Agent**

**CHARIN, ALAN  
1100 SOUTH STATE RD 7, SUITE 100  
MARGATE FL 33068**

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 reconstituting)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12.1 TITLE: **DST**  
12.2 NAME: **HIGH, LOIS**  
12.3 STREET ADDRESS: **1100 S. STATE RD 7 MARGATE FL**  
12.4 CITY - ST - ZIP

12.5 TITLE: **DVP**  
12.6 NAME: **GOLDBERGH, SHELDON**  
12.7 STREET ADDRESS: **1100 S. STATE RD. 7 MARGATE FL**  
12.8 CITY - ST - ZIP

12.9 TITLE: **DP**  
12.10 NAME: **CHARIN, ALAN**  
12.11 STREET ADDRESS: **1100 S. STATE RD. 7 MARGATE FL**  
12.12 CITY - ST - ZIP

12.13 TITLE: **DVP**  
12.14 NAME: **BARKER, GLENN**  
12.15 STREET ADDRESS: **1100 S. STATE RD. 7 MARGATE FL**  
12.16 CITY - ST - ZIP

13.1 1.1 TITLE:  Change  Addition  
13.2 1.2 NAME  
13.3 1.3 STREET ADDRESS  
13.4 1.4 CITY - ST - ZIP

13.5 2.1 TITLE:  Change  Addition  
13.6 2.2 NAME: **GOLDBERG, SHELDON**  
13.7 2.3 STREET ADDRESS  
13.8 2.4 CITY - ST - ZIP

13.9 3.1 TITLE:  Change  Addition  
13.10 3.2 NAME  
13.11 3.3 STREET ADDRESS  
13.12 3.4 CITY - ST - ZIP

13.13 4.1 TITLE:  Change  Addition  
13.14 4.2 NAME  
13.15 4.3 STREET ADDRESS  
13.16 4.4 CITY - ST - ZIP

13.17 5.1 TITLE:  Change  Addition  
13.18 5.2 NAME  
13.19 5.3 STREET ADDRESS  
13.20 5.4 CITY - ST - ZIP

13.21 6.1 TITLE:  Change  Addition  
13.22 6.2 NAME  
13.23 6.3 STREET ADDRESS  
13.24 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)(b), Florida Statutes. I further certify that the information indicated in 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, as indicated, or on an attachment with an address.

SIGNATURE: **ALAN CHARIN** 4-25-96 305-970-0335  
Typed name and printed name of signing officer or director Date Daytime Phone #