

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 # **P94000043606 (0)**

1. Corporation Name
SUNBA, INC.



Principal Place of Business

**100 CYPRESS CREEK RD.
930
FT. LAUDERDALE FL 33309**

Mailing Address

**100 CYPRESS CREEK RD.
930
FT. LAUDERDALE FL 33309**

3. Date Incorporated or Qualified 06/10/1994	3a. Date of Last Report 03/28/1995
4. FEI Number 65-0500486	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	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
Country	Country

9. Name and Address of Current Registered Agent

**VESEL, BEVERLY L
100 CYPRESS CREEK RD.
930
FT. LAUDERDALE FL 33309**

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 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COOPER, GARY	2. 2 NAME
STREET ADDRESS 100 W. CYPRESS CREEK RD., SUITE 930	3. 3 STREET ADDRESS
CITY-ST-ZIP FT. LAUDERDALE FL 33309	4. 4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	5. 5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6. 6 NAME
STREET ADDRESS	7. 7 STREET ADDRESS
CITY-ST-ZIP	8. 8 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	9. 9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10. 10 NAME
STREET ADDRESS	11. 11 STREET ADDRESS
CITY-ST-ZIP	12. 12 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	13. 13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14. 14 NAME
STREET ADDRESS	15. 15 STREET ADDRESS
CITY-ST-ZIP	16. 16 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:

Gary Cooper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary Cooper

1-18-96 (954)771-6210

Date

Day/Even Phone #

CR2E034 (12/95)