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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of tate

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P95000047621 (4)

SUNGATE, INC.

Mailing Address Principal Place of Business

P.O. BOX 5148 Winter Park FL 32783-5148			P.O. BOX 5148 WINTER PARK FL 32793-5148							
						3. Date Incorp 06/14	oorated or Qualified /1995	I 3a. Date	of Last	Report
2. Principal Pla	ace of Business	2a. Mailing	2a. Mailing Address			4. FEI Numbe	7210	2		Applied For
41		26				59	-3319	کد ۱ '		Not Applicable
Suite, Apt. #, etc			Suite, Apt. #, etc			5. Certificate	of Status Desired			75 Additional ee Required
2		27								
City & State			City & State		1	6. Election Campaign Financing \$5.00 Ma Trust Fund Contribution Added to Fi			.UU May Be ded to Fees	
Zip	Country	28 Zip		Countr			ration has liability fo	or intangible ta		
24	"			30		Florida Sta		es 🔲 No		
<u> </u>	9. Name and Address of Cur		gent			10. Name and	d Address of New	Registered .	Agent	
				81	Nam)				
HADDO	OCK PROFESSIONAL ASSOC	IATION		82	Stre	t Address (P.O. Box Nur	mber is Not Accept	at le)		
3260 U	INIVERSITY BLVD			ļ	ļ					
#210				83						
WINTE	R PARK FL 32792			84	City				85	Zip Code
	to the provisions of Sections 607.0				ļ <u>.</u>			FL	بلبل	1 - 40 -
or register familiar wi SIGNATURE	to the provisions of sections 607.0 red agent, or both, in the State of Fith, and accept the obligations of, \$	Section 607.0505, FI	londa Statutes	i				[:A't		
	Signatule, typed or profest name of registered		(40)		ta' ⊵ejtat'a	A PONITION	S/CHANGES TO C		DIREC	STORS IN 12
12.	OFFICERS	AND DIRECTORS	DELETE	13.		PSD	3/CHANGES TO C		Chan	
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NAME				2.2 NAME						
STREET ADDRESS				2.3 STRE	LADORE :	S				
CITY - ST-ZIP				24001	ST-ZiP					
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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(3lik), 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 13 inchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MADD E HADDOCK IR. President

4.25.96 maybe Proper