


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

01631

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90135 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000063746

1. Corporation Name
PACIFIC SUN DEVELOPMENT CORPORATION

Principal Place of Business: 2355 UNIVERSITY DR, CORAL SPRINGS FL 33065
 Mailing Address: 2355 UNIVERSITY DR, CORAL SPRINGS FL 33065



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **07/30/1996**

4. FEI Number: **65-0728567**

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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent:
JOBLOVE, MICHAEL D
8211 W BROWARD BLVD
SUITE 310
PLANTATION FL 33324

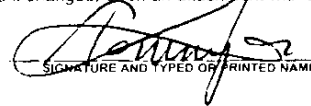
10. Name and Address of New Registered Agent:
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P LAM, TOMMY	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2484 NW 88TH TERRACE	12 NAME	
STREET ADDRESS	CORAL SPRINGS FL 33065	13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	V LEE, LINH	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9355 LAKE SERENA DR	22 NAME	
STREET ADDRESS	BOCA RATON FL 33496	23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	T HUA, ANN	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	761 NE 77TH ST	32 NAME	
STREET ADDRESS	BOCA RATON FL 33487	33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	S TAM, MICHAEL	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4103 CORAL SPRINGS DR	42 NAME	
STREET ADDRESS	CORAL SPRINGS FL 33410	43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:  **Tommy Lam** 3/14/99 954-345-8828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)