

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # V43275 (9)

1. Corporation Name:
SUN STATES MOULDING AND FRAME, INC.



Principal Place of Business: **1335 BENNETT DR #139 LONGWOOD FL**
Mailing Address: **1335 BENNETT DR #139 LONGWOOD FL**

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip Country 29 30

3. Date Incorporated or Qualified: **06/11/1992** 3a. Date of Last Report: **04/11/1995**
4. FEI Number: **59-3157761** 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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent:
**GUNDERSON, JOHN
1409 PONCE DE LEON
WINTER SPRINGS FL 32708**

81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____ 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0509 and 607.1509, 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 607.0509, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

11. TITLE	PTD	<input type="checkbox"/> DELETE
12. NAME	GUNDERSON, JOHN	
13. STREET ADDRESS	1409 PONCE DE LEON	
14. CITY, ST., ZIP	WINTER SPRINGS FL	
15. TITLE	VSD	<input type="checkbox"/> DELETE
16. NAME	GUNDERSON, MARGARET	
17. STREET ADDRESS	1409 PONCE DE LEON	
18. CITY, ST., ZIP	WINTER SPRINGS FL	
19. TITLE		<input type="checkbox"/> DELETE
20. NAME		
21. STREET ADDRESS		
22. CITY, ST., ZIP		
23. TITLE		<input type="checkbox"/> DELETE
24. NAME		
25. STREET ADDRESS		
26. CITY, ST., ZIP		
27. TITLE		<input type="checkbox"/> DELETE
28. NAME		
29. STREET ADDRESS		
30. CITY, ST., ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
35. TITLE	
36. NAME	
37. STREET ADDRESS	
38. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
39. TITLE	
40. NAME	
41. STREET ADDRESS	
42. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
43. TITLE	
44. NAME	
45. STREET ADDRESS	
46. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
47. TITLE	
48. NAME	
49. STREET ADDRESS	
50. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	
52. NAME	
53. STREET ADDRESS	
54. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
55. TITLE	
56. NAME	
57. STREET ADDRESS	
58. 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 contained 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 this 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 of Block 13, 14, 15, or on an attachment to this address.

SIGNATURE: *John Gunderson* (JOHN GUNDERSON) Pres. 3-1-96 407-831-1196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)