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STATE DEPARTMENT OF REVENUE  
 Sandra B. Morham  
 Secretary of State

FILED  
 Feb 25 1997 8:00am  
 Secretary of State

DOCUMENT # V45579 (2)  
 SUNDIAL DESIGN & CONSTRUCTION, INC.



Principal Place of Business 309 NATHAN HALL ROAD WEST PALM BEACH FL 33405		Mailing Address 309 NATHAN HALL ROAD WEST PALM BEACH FL 33405-4321		Date Incorporated or Qualified 06/19/1992	Date of Last Report 02/16/1996
21 Principal Place of Business	26 Mailing Address	FEI Number 65-0348962		Applied For Not Applicable	
22 Suite Apt. # etc	27 Suite Apt. # etc	Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State	28 City & State	<input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name and Address of Current Registered Agent LEWIS, JAMES M. 309 NATHAN HALL ROAD W. PALM BEACH FL 33405				Name and Address of New Registered Agent 81 Name <i>JAMES M. LEWIS</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>309 NATHAN HALL Rd</i> 83 <i>WPB FL</i> 84 City <i>FL</i> 85 Zip Code <i>33405</i>			
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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]* DATE *1/3/97*  
 (NOTE: Registered Agent signature required when incorporating)

OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE DPC LEWIS, JAMES M. 309 NATHAN HALL ROAD W. PALM BCH. FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	81 TITLE 82 NAME 83 STREET ADDRESS 84 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 -02/26/97--01008--045  
 \*\*\*165.00

*Q-25 JR*

POOR ORIGINAL

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/3/97 400 542 0744*

CR2E034 (9/96)