

**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 # **155200** (9)  
1. Corporation Name  
**SUNSET GOLF COURSE, INC.**



Principal Place of Business: **% TUCKER MOORE  
16700 GULF BLVD.  
REDINGTON BEACH FL 33708**

Mailing Address: **C/O VLADM. LERMAN, SWEENEY & COMPANY  
5215 OLD ORCHARD RD STE 525  
SKOKIE IL 60077  
US**

2. Principal Place of Business  
21 **% TUCKER MOORE**  
Suite, Apt. #, etc.  
22 **16400 GULF BOULEVARD**  
City & State  
23 **N. REDINGTON BEACH, FLORIDA**  
Zip Country  
24 **33708** 25 Country  
2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
29 Zip Country  
30

3. Date Incorporated or Qualified **06/01/1948** 3a. Date of Last Report **05/01/1995**

4. FEI Number **59-0591393** 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

9. Name and Address of Current Registered Agent  
**MOORE, TUCKER  
16700 GULF BLVD.  
REDINGTON BEACH FL 33708**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**16400 GULF BOULEVARD**  
83  
84 City **N. REDINGTON BEACH** FL 85 Zip Code **33708**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0504, Florida Statutes.

SIGNATURE  Signature typed or printed name of signatory and date of signature. (Type in block 12.)  DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOORE, C. TUCKER</b>	1.2 NAME	
STREET ADDRESS	<b>16700 GULF BLVD.</b>	1.3 STREET ADDRESS	<b>16400 GULF BOULEVARD</b>
CITY- ST- ZIP	<b>REDINGTON BEACH FL</b>	1.4 CITY- ST- ZIP	<b>N. REDINGTON BEACH, FLORIDA 33708</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCNIEL, MARTIN</b>	2.2 NAME	
STREET ADDRESS	<b>BOX 481</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>JAFFREY NH</b>	2.4 CITY- ST- ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOORE, MELISSA</b>	3.2 NAME	
STREET ADDRESS	<b>16700 GULF BLVD</b>	3.3 STREET ADDRESS	<b>16400 GULF BOULEVARD</b>
CITY- ST- ZIP	<b>REDINGTON BEACH FL</b>	3.4 CITY- ST- ZIP	<b>N. REDINGTON BEACH, FLORIDA 33708</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 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:  *C. Tucker Moore* C. TUCKER MOORE X 3/4/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Type in block 12.)  
ROBERT J. VLADM. CPA X 2/23/96

CR2E034 (12/95)