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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 316426

(6)

FILED May 06 1997 8:00am Secretary of State

S-IM- VVIL	SUN ENTERPRISE, INC.					RIBIT BURIL BURIL BURIT BURIT BURIT BURI	
Principal Place	of Business	Mailing Address			AND THE STATE OF T		
320 COREY AVE	•	12401 N 22ND ST					
ST PETERSBURG FL 33706		E705					
US		TAMPA FL 33612-4625					
		U\$ 	······································		3. Date Incorporated or Qualified 05/04/1967	3a. Date of Last Report 05/01/1996	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21 College April # of a		26		59-1168225	Not Applicable		
Bulle, Apt. #, etc.		Suite, Apt. #, etc.	Soite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
22 City & State		Crty & State		6. Election Campaign Financing			
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country 7ip		Oountr	у	This corporation has liability for intangible tax under s. 199.032,		
24	25	29 30			Florida Statutes		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
WILSON, SIDNEY M				Name	0		
2222 W. VINA DEL MAR BLVD			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
ST PETERSBURG FL 33708					· · · · · · · · · · · · · · · · · · ·		
			83			ļ	
			B4	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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND		13.	icult aignatione req	ADDITIONS/CHANGES TO OFFIC		
TITLE	PD DELETE		1.1,7ITLE			Change Addition	
NAME	WILSON, SIDNEY M		1.2 NAME			_	
STREET ADDRESS 12401 N 22ND ST E705			1.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		1.4 CITY- S1-2IP			İ	
TETLE			2171111.			Change Addition	
NAME	WILSON, GREGORY		2.2 NAME				
STREET ADDRESS	610 78TH AVE.		2.3 STREET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG, FL 00000		2. 4 CITY	ST-ZIP			
TITLE	ST NOW DETTY	DELETE	3.1 / 111.E		L_J Change L_J Addition		
NAME	WILSON, BETTYE		3.2 NAME				
STREET ADDRESS	W-4-4-0-4 171		3.3 STREET ADDRESS			,	
CITY-ST-ZIP	DELETE		3.4. CITY - 4.1 TITLE	S1-ZIP		Change Addition	
NAME			4. 2 NAME			C Vitality C Reduitor	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 ÇITY-				
TITLE			5.1 TITLE	<u> </u>		Change Addition	
NAME			5.2 NAME				
STREET ADDRESS	REET ADDRESS		5.3 \$TREE1 ADDRESS				
CITY-ST-ZIP			5.4 ÇITY-	ST-ZIP			
TITLE	DELETE 611		61 THEF		· ·· ···	Change Addition	
NAME			62 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	u agelity that the information and the	durith this filing done not arre-	6.4 CITY -		ad in Section 110 07/07/0 Flyide Cont	on I forther nortificate - Labor	
14. I do 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 eath; 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 appears in Block 12 or Block 13 if changed, or on an attachment with an appears in Block 12 or Block 13 if changed.							
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