

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 # 318095 (7)

1. Corporation Name

SUN FURNITURE OF BOCA RATON, INC.



Principal Place of Business

**1212 BEN FRANKLIN DRIVE
SUITE 1203
SARASOTA FL 34236
US**

Mailing Address

**P.O. BOX 110. N/A
HELEN GA 30545
US**

3. Date Incorporated or Qualified
06/23/1967

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **1800 Ben Franklin Drive**

26 **c/o Dykes, Stevens & Co.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Unit A 205**

27 **P.O. Box 4500**

City & State

City & State

23 **Sarasota, FL**

28 **Boca Raton, FL**

Zip

Country

Zip

Country

24 **34236**

25 **Sarasota**

29 **33429-4500**

30 **Palm Beach**

4. FEI Number

59-1167259

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

10. Name and Address of New Registered Agent

**SNAPP, WILBUR K.
1212 BEN FRANKLIN DRIVE
SUITE 1203
SARASOTA FL 34236**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1800 Ben Franklin Drive

83 **Unit A 205**

84 City
Sarasota

FL

85 Zip Code
34236

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 DIRECTORS

TITLE **PD** ☐ DELETE

NAME **SNAPP, WILBUR K**
STREET ADDRESS **1212 BEN FRANKLIN DRIVE, 1203**
CITY-ST-ZIP **SARASOTA FL**

TITLE **SD** ☐ DELETE

NAME **SNAPP, INDIA**
STREET ADDRESS **1212 BEN FRANKLIN DRIVE, 1203**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**1800 Ben Franklin Dr., Unit A205
Sarasota, FL 34236**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**1800 Ben Franklin Dr., Unit A205
Sarasota, FL 34236**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-96 7068782616

CR2E034 (12/95)