

FILED

Mar 14 1997 8:00am  
Secretary of State

<p>PROFIT CORPORATION ANNUAL REPORT <b>1997</b></p>		<p>FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS</p>
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**DOCUMENT # 347734**

(6)

1. Corporation Name

**THE FOUR SUNS, INC.**

Principal Place of Business

10 BAY ESPLANADE  
CLEARWATER BEACH FL 34630

Mailing Address

10 BAY ESPLANADE  
CLEARWATER BEACH FL 34630-1603

		3. Date Incorporated or Qualified <b>06/11/1969</b>		3a. Date of Last Report <b>04/29/1996</b>	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21		26		59-1271861	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
22		27		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29			
Country		Country			
25		30			

**g. Name and Address of Current Registered Agent**

COLE, STEPHEN O. ESQ  
400 CLEVELAND ST., 9TH FLOOR  
CLEARWATER FL 34615

**10. Name and Address of New Registered Agent**

81 Name \_\_\_\_\_

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

83

City

FL

85	Zip Code
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HAMILTON, HOWARD G		1.2 NAME				
STREET ADDRESS	10 BAY ESPLANADE		1.3 STREET ADDRESS				
CITY - ST - ZIP	CLEARWATER FL		1.4 CITY - ST - ZIP				
TITLE	STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HAMILTON, JEAN B		2.2 NAME				
STREET ADDRESS	10 BAY ESPLANADE		2.3 STREET ADDRESS				
CITY - ST - ZIP	CLEARWATER FL		2.4 CITY - ST - ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HAMILTON, KENNETH		3.2 NAME				
STREET ADDRESS	10 BAY ESPLANADE		3.3 STREET ADDRESS				
CITY - ST - ZIP	CLEARWATER FL		3.4 CITY - ST - ZIP				
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 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 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. 8/3

CR2E034 (9/96)