

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathur  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
Apr 02 1996 8:00 am  
Secretary of State

**DOCUMENT # 413394 (8)**

1. Corporation Name  
**SUN COVE OF KISSIMMEE, INC.**



Principal Place of Business: **4425 SO. PLEASANT HILL ROAD KISSIMMEE FL 34746**  
Mailing Address: **4425 SO. PLEASANT HILL ROAD KISSIMMEE FL 34746**

3. Date Incorporated or Qualified: **11/27/1972** 3a. Date of Last Report: **04/11/1995**  
4. FEI Number: **59-1427809** 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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
21: Suite, Apt. #, etc.  
22: City & State  
23: Zip, Country  
24: Country  
26: Suite, Apt. #, etc.  
27: City & State  
28: Zip, Country  
29: Country  
30: Country

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

**HADLEY, DEAN D.  
4425 PLEASANT HILL RD  
KISSIMMEE FL 34746**

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

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0402 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 607.0402, Florida Statutes.

SIGNATURE

Signature of the person filing this report

Date of Filing

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD	[ ] DELETE
NAME	HADLEY, DEAN D	
STREET ADDRESS	4425 SO PLEASANT HILL RD	
CITY- ST- ZIP	KISSIMMEE, FL 00000	
TITLE	STD	[ ] DELETE
NAME	HADLEY, BARBARA A	
STREET ADDRESS	4425 PLEASANT HILL ROAD	
CITY- ST- ZIP	KISSIMMEE FL	
TITLE	VD	[ ] DELETE
NAME	HADLEY, LYDA B	
STREET ADDRESS	4425 PLEASANT HILL RD	
CITY- ST- ZIP	KISSIMMEE FL	
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**

11 TITLE	[ ] Change [ ] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	[ ] Change [ ] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	[ ] Change [ ] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	[ ] Change [ ] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.043(4), 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 attached sheet with an address.

SIGNATURE: *Dean D. Hadley, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Dean D. Hadley*

3/25/96 407-933-5870  
Liquor 12/95

CR2E034 (12/95)