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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 452814

171

FILED Feb 05 1997 8:00am Secretary of State

1. Corporation Name SUN-FUN PRODUCTS, INC. Principal Place of Business Mailing Address 340 MARION ST P O BOX 3088 DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118-4436					
				3. Date Incorporated or Qualified 05/10/1974	3a. Date of Last Report 05/01/1996
¬ .	Prace of Business	2a. Mailing Address		4. FEI Number 59-1545031	Applied For Not Applical
1] Suite, Apr	t #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Sta	316	City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for in	
1	25 Name and Address of Current		30	Florida Statutes 10. Name and Address of New Reg	Yes No
Name and Address of Current Registered Agent BURKE, PAUL E SR.			81 Name	10. Name and Address of New Aug	Sistered Walle
731 NORTH GRANDVIEW AVE DAYTONA BCH FL 32118			83	ress (P.O. Box Number is Not Acceptabl	le)
			84 City		FL 85 Zip Code
anent I	am fact har with, and accept the obligati	ions of Section 607.0505. Flo	iumonzea by ine corpora vrida Statutes.	ation's poard or directors, i fiereby accep	or the appointment as registered
agent I SIGNATUHE	Signature, typed or posted name of regressed agent OF LICERS AND	and the if applicable (NOTE	rida Statutes. Regissered Agent signature requ	poration submits this statement for the pition's board of directors. I hereby acception when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE
SIGNATUHE 12.	Stipotore, typed or posted name of regres sed agent OF FICERS AND	and the if applicable (NOTE	Regissered Agent signature requirements 13.	ired when reinstating)	DATE
SIGNATURE 12. TITLE NAME	Stippatore, typical or pointed name of regres seed agent OFFICERS AND TD JOHN ELTONHEAD	and title if applicable (NOTE DIRECTORS	Regissered Agent signature required 13. 1.1 TITLE 1.2 NAME	ired when reinstating)	DATE ERS AND DIRECTORS IN 12
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empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name i ag address. information indicated on the Lam an officer or director of appears in Block 12 or Block

SIGNATURE:

Daytinic Phone #

Date