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May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 471373 **(1)**

1. Corporation Name
SUNALEX CORPORATION

Principal Place of Business	Mailing Address
5955 N.W. 31ST AVE. FORT LAUDERDALE FL 33309	5955 N.W. 31ST AVE. FORT LAUDERDALE FL 33309-2207

3. Date Incorporated or Qualified: **03/06/1975**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **59-1575991** ☐ 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) ____ Suite, Apt. #, etc. (22) ____ City & State (23) ____ Zip (24) ____ Country (25) ____

2a. Mailing Address (26) ____ Suite, Apt. #, etc. (27) ____ City & State (28) ____ Zip (29) ____ Country (30) ____

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

JEFFREY A. GAILOR
799 CAMINO LAKES CIRCLE
BOCA RATON FL 33486

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 607.0502 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	STD	☐ DELETE
NAME	POTTER, CHARLES E.	
STREET ADDRESS	2206 CYPRESS BEND DR S	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	☐ DELETE
NAME	PALERMO, ANGELO V.	
STREET ADDRESS	970 S.W. 18TH STREET	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	☐ DELETE
NAME	GAILOR, JEFFERY A.	
STREET ADDRESS	799 CAMINO LAKES CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	☐ DELETE
NAME	WATSON, PAUL	
STREET ADDRESS	6720 NW 29TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE 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

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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.

SIGNATURE