FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **496146** **(2)**

1. Corporation Name
SUN MANAGEMENT COMPANY, INC.

Principal Place of Business	Mailing Address
1287 E. NEWPORT CENTER DRIVE SUITE 209 DEERFIELD BEACH FL 33442 US	1287 E NEWPORT CENTER DR SUITE 209 DEERFIELD BEACH FL 33442 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/07/1976
3a. Date of Last Report: 06/20/1994

2. Principal Place of Business	2a. Mailing Address
21 5670 Corporate Way	26 5670 Corporate Way
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 West Palm Beach, FL	City & State 28 West Palm Beach, Fl
Zip 24 33407	Zip 29 33407
Country 25 PB	Country 30 PB

4. FEI Number: 59-1638180 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HENDLER, WILLIAM N. ESQ 1287 E. NEWPORT CENTER DRIVE SUITE 209 DEERFIELD BEACH FL 33442	81 Name: Handler, William N. Esq. 82 Street Address (P.O. Box Number is Not Acceptable): 5670 Corporate Way 83 84 City: West Palm Beach FL 85 Zip: 33407

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 _____ William Handler, Esq. 2/22/95
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	11 TITLE	PD ☒ Change ☐ Addition
NAME	HANDLER, DAN	12 NAME	Handler, Dan
STREET ADDRESS	1287 E NEWPORT CENTER DR 209	13 STREET ADDRESS	5670 Corporate Way
CITY-ST-ZIP	DEERFIELD BEACH FL	14 CITY-ST-ZIP	West Palm Beach, FL 33407
TITLE	SD	21 TITLE	SD ☒ Change ☐ Addition
NAME	HANDLER, JUDITH	22 NAME	Handler, Judith
STREET ADDRESS	1287 E. NEWPORT CENER DRIVE, SUITE 209	23 STREET ADDRESS	5670 Corporate Way
CITY-ST-ZIP	DEERFIELD BEACH FL	24 CITY-ST-ZIP	West Palm Beach, FL 33407
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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: _____ PRESIDENT 4/14/95 688-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ON9444 CP