SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT 1. Corporation Name	#

505537

(1)

SUN OFFICE MACHINES, INC.							
Principal Place	of Business	Mailing Address			- I INVALUA URARA UNION DINUE DISUM DININ IU	HAN ANALI ANALI ALBII	AIDH AICH CION 1981
BOST OFFICE 1	(GI 72	3377 FORSYTH RD WIN	TER PARK.	FL 32792			
POST OFFICE 19172 ORLANDO FL 32814 US		P.O. BOX 19172				····	
		ORLANDO FL 32814			3. Date Incorporated or Qualified		
2. Principal Pla	oco of Business	2a. Mailing Address			4. FEI Nurnber		Applied For
. Fillicipai ria	ice of Eloamesa	26			59-1671128		Not Applicable
Suite, Apt #	, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired		8.75 Additional Fee Required
		27 Chu P. Stolo			6. Election Campaign Financing		\$5.00 May Be
City & Stale		City & State			Trust Fund Contribution		Added to Fees
Zip	Country	Zip	Cour	itry	8. This corporation has liability for		
	25	29	30		Florida Statutes		<u> </u>
L	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New R	egistered Age	ent
B∪A	/D, GARY L.		1	81 Name			
	7 GATTIS DRIVE		82		dress (P.O. Box Number is Not Acceptable)		
	ANDO FL 32826		<u> </u>	83			
V							
				84 City		FL İ	B5 Zip Code
	1021220705	00 and 607 1509 Florida Statu	tes the abo	ve-named coro	oration submits this statement for the ion's board of directors. I hereby acce	purpose of cha	riging its registered
SIGNATURE .					and alternative of	DAIL	
		AND DIRECTORS	13.	Agent signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND D	
12.	OFFICERS A		13.	LE .	ired when reinstating? ADDITIONS/CHANGES TO OFF		
12. TITLE	OFFICERS A DPTS BOYD, GARY L.	AND DIRECTORS	13. 11117 12 NA	LE ME	ned when reinstanding) ADDITIONS/CHANGES TO OFF		
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SIGNATURE:

Band Pros GARY Band 7-31-96 407-672-5478
PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day one Provider Company