

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 576670 (4)  
1. Corporation Name  
SUNLIFE HOMES, INC.

Principal Place of Business 4399 N.W. 85TH WAY PO BOX 8327 CORAL SPRINGS FL 33075 US	Mailing Address 4399 N.W. 85TH WAY PO BOX 8327 CORAL SPRINGS FL 33075 US
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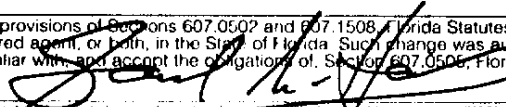


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/22/1978	
21 Suite, Apt. #, etc.	26 P.O. Box 8327	4. FEI Number 59-1830824		Applied For Not Applicable	
22 City & State	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23 City & State	28 CORAL SPRINGS, FL.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Zip 33075	25 Country	29 33075	30 Broward	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HAREL, S. M. 4399 N.W. 85TH WAY CORAL SPRINGS FL 33085		10. Name and Address of New Registered Agent	
81 Name HAREL, S.M.	82 Street Address (P.O. Box Number is Not Acceptable) 8980 NW 41st Street	83	84 City Cooper City
		85 FL	86 Zip Code 33024

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 607.0506, Florida Statutes.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: 1/6/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	HAREL, S.M.	1.2 NAME	HAREL, S.M.
STREET ADDRESS	4399 N.W. 85TH WAY	1.3 STREET ADDRESS	8980 NW 41st St.
CITY-ST-ZIP	CORAL SPRINGS FL 33085	1.4 CITY-ST-ZIP	Cooper City, FL. 33024
TITLE	V	2.1 TITLE	
NAME	HAREL, TALIA E	2.2 NAME	
STREET ADDRESS	8980 NW 41ST STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:  S.M. HAREL 1/6/98 (984) 252-4616

CR2E034 (10/97)