

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

FILED

Mar 20 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 # **685270** (1)

1. Corporation Name:
SUN CONTAINER, INC.



Principal Place of Business: 811 NW 57 PLACE FORT LAUDERDALE FL 33309	Mailing Address: 811 NW 57 PLACE FORT LAUDERDALE FL 33309-2031
---	--

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/25/1980	3a. Date of Last Report 04/18/1996
21. State, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 59-2018419	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CLARK, JAMES 811 NW 57 PLACE FT LAUDERDALE FL 33309				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	DELETED	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS
	DV WHITE, CRAIG	<input type="checkbox"/>			
	2136 NE 4TH CT				
	BOCA RATON, FL 00000				
TITLE	NAME	DELETED	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS
	DP CLARK, JAMES	<input type="checkbox"/>			
	9230 PALOMINO DR				
	LAKE WORTH FL				
TITLE	NAME	DELETED	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS
		<input type="checkbox"/>			
TITLE	NAME	DELETED	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS
		<input type="checkbox"/>			
TITLE	NAME	DELETED	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS
		<input type="checkbox"/>			
TITLE	NAME	DELETED	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS
		<input type="checkbox"/>			

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: _____ DATE: **3-14-97** (454) 772-5900

CR2E034 (9/96)