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Feb 07 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 # 688889 (5)

1. Corporation Name
SUNDIAL HOMES, INC.



Principal Place of Business
C/O WYNNE, JOEL F.
8000 S US 1, #402
PORT ST. LUCIE FL 34952

Mailing Address
C/O WYNNE, JOEL F.
8000 S US 1, #402
PORT ST. LUCIE FL 34952-2338

3. Date Incorporated or Qualified 09/24/1980	3a. Date of Last Report 02/19/1996
4. FEI Number 59-2049523	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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29
25	30

9. Name and Address of Current Registered Agent

WYNNE, JOEL F.
8000 S US 1, #402
PORT ST LUCIE FL 34952

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: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYNNE, JOEL F.	1.2 NAME	
STREET ADDRESS	8000 S US 1, #402	1.3 STREET ADDRESS	
CITY - ST - ZIP	PT ST LUCIE FL	1.4 CITY - ST - ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYNNE, CHESTER C.	2.2 NAME	
STREET ADDRESS	8000 S US 1, #402	2.3 STREET ADDRESS	
CITY - ST - ZIP	PT ST LUCIE FL	2.4 CITY - ST - ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, HARVEY	3.2 NAME	
STREET ADDRESS	8000 S US 1, #402	3.3 STREET ADDRESS	
CITY - ST - ZIP	PT ST LUCIE FL	3.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYNNE, MATTHEW L	4.2 NAME	
STREET ADDRESS	8000 S. US 1, 402	4.3 STREET ADDRESS	
CITY - ST - ZIP	PT. ST. LUCIE FL	4.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	DVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYNNE, ERIC P	5.2 NAME	Wynne, Eric P.
STREET ADDRESS	8000 S US 1, 402	5.3 STREET ADDRESS	8000 S US 1, 402
CITY - ST - ZIP	PT. ST. LUCIE FL	5.4 CITY - ST - ZIP	Pt.St.Lucie FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: X _____ (561)
JOEL F. WYNNE 01-23-97 878-5513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)