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Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **744302** (1)

1. Corporation Name

**SUN-LIFE SERVICES, INCORPORATED**

Principal Place of Business

Mailing Address

**406 NW 54TH ST  
MIAMI FL 33127-1922**

**406 NW 54TH ST  
MIAMI FL 33127-1922**



3. Date Incorporated or Qualified

**09/15/1978**

4. FEI Number

**59-1854323**

Applied For

Not Applicable

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** Zip

Country

**24**

**29**

Country

**30**

6. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GLASSER, GARY S.  
1860 N.E. 210 STREET  
N MIAMI BCH FL 33179**

11. Name

12. Street Address (P.O. Box Number is Not Acceptable)

13.

14. City

**FL**

15. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	<b>PDT</b>	<input type="checkbox"/> DELETE
NAME	<b>GLASSER, GARY S.</b>	
STREET ADDRESS	<b>1860 NE 210 STREET</b>	
CITY-ST-ZIP	<b>N MIAMI BCH FL</b>	

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GLASSER, LINDA</b>	
STREET ADDRESS	<b>1860 N.E. 210 STREET</b>	
CITY-ST-ZIP	<b>N MIAMI BCH, FL 0</b>	

5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	

TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>THRELKELD, MAJOR E.</b>	
STREET ADDRESS	<b>406 NW 54TH ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

21. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]* 1/17/98 315-377-4187

CR2E037 (10/97)