

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 760493 (7)  
1. Corporation Name  
SUN HAVEN, INC.



Principal Place of Business Mailing Address  
1127 SOUTH FEDERAL HWY.  
APT. 203  
LAKE WORTH FL 33460  
P.O. BOX 6002  
LAKE WORTH FL 33460-6002  
US

3. Date Incorporated or Qualified 10/19/1981 3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 1724 W. TERRACE DR.  
22 City & State 27 Suite, Apt. #, etc.  
23 City & State 28 LAKE WORTH FL  
24 Zip 25 Country 29 33460 30 US

4. FEI Number 59-2197735 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARKE, JOHN E.  
1425 LUCERNE AVENUE  
LAKE WORTH FL 33460

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 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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE PD ☐ DELETE  
NAME WILLIAMSON, EBBA  
STREET ADDRESS 1127 S. FEDERAL HWY. #203  
CITY-ST-ZIP LAKE WORTH FL  
TITLE D ☒ DELETE  
NAME RAJANIEMI, MARTTI  
STREET ADDRESS 1127 S. FEDERAL HWY #102  
CITY-ST-ZIP LAKE WORTH FL  
TITLE STD ☐ DELETE  
NAME KOSKINEN, MAUR YRJO  
STREET ADDRESS 1127 S. FEDERAL HWY, #104  
CITY-ST-ZIP LAKE WORTH FL  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME D  
2.3 STREET ADDRESS KENNETH TEFFS  
2.4 CITY-ST-ZIP 1127 S. FEDERAL HWY, # 204  
LAKE WORTH, FL 33460  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/97  
Date

Daytime Phone # 0043982

CR2E037 (9/96)