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Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **760493** (7)

1. Corporation Name

SUN HAVEN, INC.

Principal Place of Business

1127 SOUTH FEDERAL HWY.  
APT. 203  
LAKE WORTH FL 33460

Mailing Address

1726 W TERRACE DR  
LAKE WORTH FL 33460  
US

3. Date Incorporated or Qualified

10/19/1981

4. FEI Number

59-2197735

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME WILLIAMSON, EBBA  
STREET ADDRESS 1127 S FEDERAL HIGHWAY #203  
CITY-ST-ZIP LAKE WORTH FL

TITLE D  
NAME TEFFS, KENNETH  
STREET ADDRESS 1127 S FEDERAL HIGHWAY #204  
CITY-ST-ZIP LAKE WORTH FL

TITLE STD  
NAME KOSKINEN, YRJO  
STREET ADDRESS 1127 S. FEDERAL HWY, #104  
CITY-ST-ZIP LAKE WORTH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE VICE PRESIDENT  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE DIRECTOR  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE SECRETARY  
4.2 NAME MONKA KOIVISTO  
4.3 STREET ADDRESS 1127 S. FEDERAL HWY #103  
4.4 CITY-ST-ZIP LAKE WORTH, FL 33460

5.1 TITLE TREASURER  
5.2 NAME JASON TEFFS  
5.3 STREET ADDRESS 1127 S. FEDERAL HWY #204  
5.4 CITY-ST-ZIP LAKE WORTH, FL 33460

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Ken Mark*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-98 (561) 582-6416

CR2E037 (10/97)