

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
**Mar 30 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # 765157 (3)**  
1. Corporation Name  
**SUNSYSTEM DEVELOPMENT CORPORATION**



Principal Place of Business Mailing Address  
**% TAMARA L TRIMBLE**  
**2400 BEDFORD ROAD**  
**ORLANDO FL 32803**

3. Date Incorporated or Qualified **09/22/1982** 3a. Date of Last Report **02/27/1995**

2. Principal Place of Business 2a. Mailing Address  
**21 111 N. ORLANDO AVE.** **26 111 N. ORLANDO AVE.**

4. FEI Number **59-2219301** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State City & State  
**23 WINTER PARK, FL** **28 WINTER PARK, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip Country Zip Country  
**24 32789** **25 ORANGE** **29 32789** **30 ORANGE**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**TRIMBLE, TAMARA L**  
**2400 BEDFORD ROAD**  
**ORLANDO FL 32803**

10. Name and Address of New Registered Agent  
**81 Name**  
**82 TRIMBLE, TAMARA L.**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**111 NORTH ORLANDO AVENUE**  
**83**  
**84 City** **WINTER PARK** **85 Zip Code** **FL 32789**

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 **TAMARA L. TRIMBLE** (Signature) **1/26/96** (Date)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BLAIR, MARDIAN	
STREET ADDRESS	2400 BEDFORD RD.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, CYRIL H	
STREET ADDRESS	777 S. BURLESON BOULEVARD	
CITY-ST-ZIP	BURLESON TX	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WERNER, THOMAS	
STREET ADDRESS	601 E. ROLLINS STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BLOCK, L MARK	
STREET ADDRESS	2400 BEDFORD ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add on
1.2 NAME	BLAIR, MARDIAN	
1.3 STREET ADDRESS	111 NORTH ORLANDO AVENUE	
1.4 CITY-ST-ZIP	WINTER PARK, FL 32789-3675	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add on
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add on
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add on
4.2 NAME	BLOCK, L. MARK	
4.3 STREET ADDRESS	111 NORTH ORLANDO AVENUE	
4.4 CITY-ST-ZIP	WINTER PARK, FL 32789-3675	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on
5.2 NAME	TREVINO, MAX	
5.3 STREET ADDRESS	777 South Burleson Blvd.	
5.4 CITY-ST-ZIP	Burleson, TX 76028	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add on
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **L Mark Block** (Signature) **1/26/96** (Date) **407/975-1410** (Phone #)

CR2E037 (12/95)

*\$dep. by bank 6/1.25*