

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 769135

1. Corporation Name

Sunburst Foundation, Inc.

Principal Place of Business Mailing Address
c/o James M. Hankins c/o James M. Hankins
700 S. Federal Hwy. Ste 200 700 S. Federal Hwy. Ste 200
Boca Raton, FL 33432 Boca Raton, FL 33432

3. Date Incorporated or Qualified **6/27/83** 3a. Date of Last Report **7/28/95**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 c/o James M. Hankins		26 P. O. Box 812155		59-2637289		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22 2000 Glades Road, Ste 400		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
23 Boca Raton, FL		28 Boca Raton, FL		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	Zip	Country				
24 33431	25	29 33481	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

James M. Hankins
700 S. Federal Highway, Suite 200
Boca Raton, FL 33432

81 Name **Kenneth A. Wenzel**
82 Street Address (P. O. Box Number is Not Acceptable)
980 N. Federal Highway, Suite 440
83
84 City **Boca Raton** FL 85 Zip Code **33432**

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 *Kenneth A. Wenzel* **Kenneth A. Wenzel** **2-12-96**
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	<input type="checkbox"/> DELETE	11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James M. Hankins		12 NAME		
STREET ADDRESS	2000 Glades Road, Suite 400		13 STREET ADDRESS		
CITY-ST-ZIP	Boca Raton, FL 33431		14 CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VTSD	<input type="checkbox"/> DELETE	21 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donald E. Baker		22 NAME	No change in name or address	
STREET ADDRESS	1515 S. Federal Hwy., Suite 201		23 STREET ADDRESS		
CITY-ST-ZIP	Boca Raton, FL 33432		24 CITY-ST-ZIP		
TITLE	ASD	<input type="checkbox"/> DELETE	31 TITLE	SATD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth A. Wenzel		32 NAME	No change in name or address	
STREET ADDRESS	980 N. Federal Hwy., Suite 440		33 STREET ADDRESS		
CITY-ST-ZIP	Boca Raton, FL 33432		34 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	61 TITLE	100001922961	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62 NAME	-08/15/96--01015--043	
STREET ADDRESS			63 STREET ADDRESS	***70.00	
CITY-ST-ZIP			64 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 as an attachment with an address.

SIGNATURE: *Kenneth A. Wenzel* **Kenneth A. Wenzel, Secretary** **8-12-96** (561)361-0900
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (3/96)