

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 17 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # F27991 (1)

1. Corporation Name
SUNCOR DEVELOPMENT, INC.



| | |
|---|--|
| Principal Place of Business % JOSEPH D. TALIA 2926 S.E. ABA STREET PT. ST. LUCIE FL 34952 | Mailing Address % JOSEPH D. TALIA 2926 S.E. ABA STREET PT. ST. LUCIE FL 34952-5851 |
|---|--|

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|--|---|
| 2. Principal Place of Business 21 1751 SW Willowbend Lane Suite, Apt. #, etc. | 2a. Mailing Address 26 1751 SW Willowbend Lane Suite, Apt. #, etc. |
| 22 City & State Palm City, FL | 27 City & State Palm City, FL |
| 23 Zip 34990 | 28 Country USA |
| 24 34990 | 29 34990 |
| 25 USA | 30 USA |

| | |
|--|--|
| 3. Date Incorporated or Qualified 04/01/1981 | 3a. Date of Last Report 01/23/1996 |
| 4. FEI Number 59-2117849 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**TALIA, JOSEPH D.
2926 S.E. ABA STREET
PT. ST. LUCIE FL 34952**

10. Name and Address of New Registered Agent

81 Name **Joseph Talia**
82 Street Address (P.O. Box Number is Not Acceptable)
1751 SW Willowbend Lane
83
84 City **Palm City** **FL** 85 Zip Code **34990**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **Joseph Talia - Pres, 1-9-97**
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | DELETE |
|----------------------------|-----------------------------|--------------------------|
| TITLE | PD | <input type="checkbox"/> |
| NAME | TALIA, JOSEPH D. | |
| STREET ADDRESS | 2926 S.E. ABA STREET | |
| CITY-ST-ZIP | PT. ST. LUCIE FL | |
| TITLE | VST | <input type="checkbox"/> |
| NAME | TALIA, ELANA | |
| STREET ADDRESS | 2926 S.E. ABA STREET | |
| CITY-ST-ZIP | PT. ST. LUCIE FL | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|--------------------------------|-------------------------------------|--------------------------|
| 1.1 TITLE | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | 1751 SW Willowbend Lane | | |
| 1.4 CITY-ST-ZIP | Palm City, FL 34990 | | |
| 2.1 TITLE | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | 1751 SW Willowbend Lane | | |
| 2.4 CITY-ST-ZIP | Palm City, FL 34990 | | |
| 3.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: **Joseph Talia Pres 1-9-97 561-877-4488**

CR2E034 (9/96)