## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT

1996



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

D	$\cap$	CI	١N	ΛF	TIME	- #	F	3	2	R	R	į

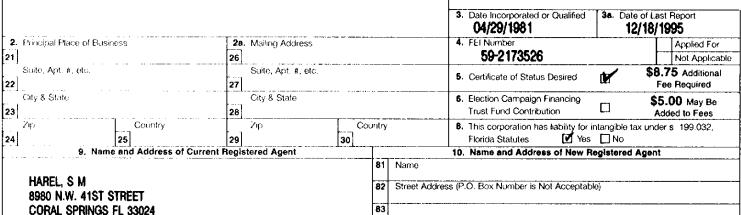
(2)

1. Corporation Name

SUNLIFE BUILDERS, INC.				
	CHIMILIE	E Dilli C	NEDO INI	^

Principal Place of Business Mailing Address

8980 N.W. 41ST STREET COOPER CITY FL 33024 8980 N.W. 41ST STREET COOPER CITY FL 33024



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.

84 City

	Stip of the itypied or printed nature of registered agreed and blie	:	E. Fiogratered Agent signature required	
12.	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THE	PD	DELETE	1. 1 TITLE	☐ Change ☐ Addition
-MAM	HAREL, S M		1 2 NAME	
STREET ADDRESS	8980 N.W. 41ST STREET		1.3 STREET ADDRESS	
CITY - \$1 - ZIF	COOPER CITY FL 33024		1.4 CITY - ST - ZIP	
1016 F	SD	DELETE	2 1 TITLE	☐ Cnange ☐ Addition
NAME	HAREL, NELLY		2.2 NAME	
SCRELL ACCRESS	8980 NW 41 ST.		2.3 STREET ADDRESS	
CITY - ST - ZIP	COOPER CITY FL 33024		2.4 CHTY - ST - ZIP	
TIFLE :		OELETE	3 1 TITLE	Change Addition
NAMÉ			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
Cify-S1 ZiF			3.4 CITY - ST - 7IP	
Til.F		DELETE	4 1 THTLE	Change Addition
NAME			4 2 NAME	
SPEEL ADDRESS			4.3 STREET ADDRESS	
CHTY STEZIF			4.4 CITY - ST - 7IP	
TOT. F		DELETE	5 1 THLE	Change Addition
NAME			5.2 NAME	
STEEL LADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5 4 CITY-S1-ZIP	
HILE		DEFELE	6 1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY ST ZP			£ 4 CiTY-S1-ZiP	

I do hereby certify that the information supplied with this filling 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 the annual report or supplied that any under cath; that I am an officer of director of the corporation or the corporation or the corporation or the receipter or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block

SIGNATURE:

FICER OR DIRECTOR

CR2E034 (12/95)

Zip Code