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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F32685

SUNLIFE BUILDERS, INC.

Principal Place of Business

(2)

Mailing Address

FILED Apr 21 1997 8:00am Secretary of State



DOOPER CITY		8980 N.W. 41ST STREE COOPER CITY FL 3302							
					3. Date Incorporated or Qualified 04/29/1981		3a. Date of Last Report 02/21/1996		
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number 59-2173526	Applied For Not Applicable			
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Ζιρ 29	Coun	try	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
\$33.55 2.55 4.44 8 5	9. Name and Address of Curre	nt Registered Agent	-		10. Name and Address of New Re	gistered Ag	ent		
	EL, S M		,	Name					
8980 N.W. 41ST STREET CORAL SPRINGS FL 33024			L	82 Street Address (P.O. Box Number is Not Acceptable) 83					
				34 City			05 7m	Code	
<i>*</i>				City		FL	85 Zip (CODE	
SIGNATURE	Signature, typed or printed name of registered ag	gent and tille if applicable (NOTE: Registered	Agent signature	required when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND D	IRECTOR	S IN 12	
TITLE	PD	DELETE	1.1 TILL	E T	ADDITIONAJONANALO 10 OFFIC		Change	Addition	
NAME	HAREL, 6 M		1.2 NAN	NE.					
STREET ADDRESS	6980 N.W. 41ST STREET		1.3 STR	EET ADDRESS					
CHTY-ST-ZIP	COOPER CITY FL 33024			′-S1-ZIP					
TITLE	SD HAREL, NELLY	☐ DELETE	2.1 TITL			L.] Change	Addition	
NAME STREET ADDRESS	8980 NW 41 ST.		2 2 NAN 2 3 STR	TET ADDRESS					
OTY-ST-ZIP	COOPER CITY FL 33024	•	1	Y-S1-ZIP					
्रेगाLE	,	DELETE	3.1 THE				Change	Addition	
NAME			3.2 NAA	1E					
STREET ADDRESS			- 1	EET ADDRESS					
CITY-ST-ZIP		☐ DELETE	3.4. CIT 4.1 TITL	Y - ST - Z(P F		· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME		:	4. 2 NA	_		L	* eumilia	- Noomon	
STREET ADDRESS		·	<u> </u>	EET ADDRESS					
CITY-ST-ZIP			4.4 C(1)	r-S1-ZIP	<u> </u>				
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NAME			5.2 NAN						
STREET ADDRESS	•			EE1 ADDRESS					
OTTY-ST-ZIP		DELETE	5.4 C(1) 6.1 T(1)	r - S1 - ZIP E		г	Change	Addition	
NAME			6.2 NAN			L	, viidily		
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP				1-\$1-7IP					

Too 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 angual report or supplemental annual typort is tyle and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of 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 of changes, or on an alternment with an execute.

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