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

**PROFIT** CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # F40280

(2)

FIRST SUN CORPORATION

Mailing Address

Principal Place of Business

2007 N. OCEAN BLVD E 207

## **FILED** Apr 18 1997 8:00am Secretary of State



BOCA RATON FL 33431		BOCA RATON FL 33431-7189							
						3. Date Incorporated or Qualified 06/10/1981	3a. Date 0		eport
2. Principal Place of Business		2a. Mailing A	2a. Mailing Address			4. FEI Number	<u> </u>	qA	plied For
21)		26	26						t Applicable
Suite, Apt. #, etc.		<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & Sta	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No			
24	9. Name and Address of Cure	29	3(	01		10 Name and Address of New Reg			
AF11	<del></del>	ieni negistereo Ager	<u> </u>	81	Name	10. Teams and Address of New Ites	Jistorou Age		
	RES, LAWRENCE M								
	7 N ÓCEAN BLVD CA RATON FL 33431			82	Street Ac	dress (P.O. Box Number is Not Acceptable)			
	A IMIONIE SOIO			83					
				84	City		FL	35 Zip (	Code
11. Pursuant I office or re agent. I as	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	0502 and 607.1508, F ate of Florida. Such el digations of, Section 6	orida Statutes nango was aut 07.0505, Florid	, the above thorized by da Statute	Lo-named co the corpo s.	orporation submits this statement for the p ration's board of directors. I hereby accep		anging its Iment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered					quired when reinstaling)	DATE		
12.	OFFICERS A	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	סד		] DELETE	1.1 TITLE			L	Change	Addition
NAME	<b>SE</b> HRES, LAWRENCE			1.2 NAME					
STREET ADDRESS	2697 N. OCEAN BLVD.			1.3 STREET	ADDRESS				
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY - S	31 - ZIP				
TITLE		L	] DELETE	2.1 TITLE			L.	Change	Addition
NAME				2.2 NAME					
STREET ADDRESS				2.3 STREET	ADDRESS				
CITY-\$T-2IP			1	2. 4 CiTY-	ST-ZIP	·		Obarra	Addition
TITLE		L	DELETE	3.1 TITLE			<u>L</u>	Change	Addition
NAME				3.2 NAME					
STREET ADDRESS				3 3 STREET	1				
CITY-ST-ZIP			DELETE	3.4. CITY-	ST-ZIP			Change	Addition
TITLE		L	ן שנונונ	4.1 TITLE			<b>L</b>	Change	Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET	Į.				
CITY-ST-ZIP			DELETE	44 CITY-S 51 TITLE	51 - ZIP			Change	Addition
TITLE		h.o.,	ן טנננינ				L	Onlango	
NAME				52 NAME	ADDRESS				
STREET ADDRESS				5.3 STREET		•			
CITY-ST-ZIP		<u> </u>	DELETE	5.4 CHY-S 6.1 TITLE	01 · ZIP			Change	Addition
TITLE		L	J ULLLIL	6.2 NAME			<b>L.</b>	- ingrigo	
NAME					ADDRESS				
STREET ADDRESS				6.3 STREET					
CITY-ST-ZIP				6.4 Chiy-5	it-ZIP	140 07/0V3 Florida Otal 4	1.5.15		41

14. Ido 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 eath; that I am an officer or director of the corporation or the receiver or trusted employment to execute this report as required by Chapter 607, Florida Statutes; and that my name