4-17-95-0254

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 17 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F79470 (3)

1. Corporation Name
SUNCON, INC.

Principal Place of Business	Mailing Address
5930 MIAMI LAKES DR. E. MIAMI LAKES FL 33014-2402	5930 MIAMI LAKES DR. E. MIAMI LAKES FL 33014-2402

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/27/1982
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2182588 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

POWELL, HARRIET M.
2155 BATON ROUGE
FT. LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

81 Name: CARL T. POWELL JR
82 Street Address (P.O. Box Number is Not Acceptable): 2155 BATON ROUGE
83: FT LAUDERDALE
84 City: FT — 85 Zip Code: 33326

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: Carl T. Powell Jr. — 4-12-95
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	PS	1.1 TITLE	~~PRESIDENT~~ SVP	☑ Change ☐ Addition
NAME	POWELL, HARRIET	1.2 NAME	HARRIET M POWELL	
STREET ADDRESS	2155 BATON ROUGE	1.3 STREET ADDRESS	2155 BATON ROUGE	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	V	2.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	POWELL, CARL T., JR.	2.2 NAME	CARL T. POWELL JR	
STREET ADDRESS	2155 BATON ROUGE	2.3 STREET ADDRESS	2155 BATON ROUGE	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	FT LAUDERDALE FL 33326	
TITLE		3.1 TITLE	VICE PRESIDENT	☐ Change ☑ Addition
NAME		3.2 NAME	CARL T. POWELL III	
STREET ADDRESS		3.3. STREET ADDRESS	6501 SEDGEWYCK CIRCLE W	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	DAVIE FL 33331	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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: Carl T. Powell Jr. — 4-12-94 — 305-827-2970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0098481 CP