

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F79470

1. Corporation Name

SUNCON, INC.

Principal Place of Business

5830 MIAMI LAKES DR. E.
MIAMI LAKES FL 33014-2402

Mailing Address

5830 MIAMI LAKES DR. E.
MIAMI LAKES FL 33014-2402



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

04/27/1982

3a. Date of Last Report

04/17/1995

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

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

84 City

FORT LAUDERDALE

FL

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering.)

DATE

2-22-96

12. OFFICERS AND DIRECTORS

TITLE	PS	☐ DELETE
NAME	POWELL, HARRIET	
STREET ADDRESS	2155 BATON ROUGE	
CITY- ST- ZIP	FT. LAUDERDALE FL	
TITLE	V	☐ DELETE
NAME	POWELL, CARL T., JR.	
STREET ADDRESS	2155 BATON ROUGE	
CITY- ST- ZIP	FT. LAUDERDALE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY/TREASURER	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		
2.1 TITLE	PRESIDENT	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
3.2 NAME	CARL T. POWELL JR.	
3.3 STREET ADDRESS	6501 SEDGEWYCK CIRCLE WEST	
3.4 CITY- ST- ZIP	FORT LAUDERDALE, FLORIDA 33331	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-22-96 305-827-2970

CR2E034 (12/95)