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 # **F94000000468 (8)**

1. Corporation Name

SUNTRAN INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
2457A S. HIAWASSEE RD SUITE 332 ORLANDO FL 32835	2457A S. HIAWASSEE RD SUITE 332 ORLANDO FL 32835

3. Date Incorporated or Qualified: 01/31/1994

3a. Date of Last Report: 07/25/1995

2. Principal Place of Business
21: 512 Ave H. N.W.
22: Suite, Apt. #, etc.
23: City & State: Winter Haven, FL
24: Zip: 33881
25: Country: USA

2a. Mailing Address
26: 347 Golf course Pkwy
27: Suite, Apt. #, etc.
28: City & State: Davenport, FL
29: Zip: 33837
30: Country: USA

4. FEI Number: 88-0308291 ☐ 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

FOOTE, LISA
347 GOLF COURSE PKWY
DAVENPORT FL 33837

10. Name and Address of New Registered Agent

81 Name: ~~FOOTE~~ Christman, Lisa C.
82 Street Address (P.O. Box Number is Not Acceptable): 347 Golf course Pkwy
83:
84 City: Davenport FL 85 Zip Code: 33837

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: LCChristman Lisa C Christman 4-30-96
Signature, type or printed name of registered agent and title, if applicable (Note: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPT	☐ DELETE	11 TITLE	CPT	☒ Change ☐ Addition
NAME	FOOTE, LISA C		12 NAME	Christman, Lisa C.	
STREET ADDRESS	347 GOLF COURSE OWKY		13 STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT FL		14 CITY-ST-ZIP		
TITLE	V	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	CHRISTMAN, BRIAN P		22 NAME		
STREET ADDRESS	347 GOLF COUSRSE PKWY		23 STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT FL		24 CITY-ST-ZIP		
TITLE	M	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	FOOTE, LELAMD W		32 NAME		
STREET ADDRESS	14417 1556TH NE		33 STREET ADDRESS		
CITY-ST-ZIP	WOODVILLE WA		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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: LChristman Lisa Christman 4-30-96 (941)424-3515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #