


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

FILED

Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000003907 (0) 1. Corporation Name SUN CONSOLIDATED SECURITIES, INC.					
Principal Place of Business 4901 NW 17TH WAY, SUITE 403 FT LAUDERDALE FL 33309			Mailing Address 4901 NW 17TH WAY, SUITE 403 FT LAUDERDALE FL 33309		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 376 Fairgreen PL Suite, Apt. #, etc. 22 City & State Casselberry Zip 32707 Country Seminole		2a. Mailing Address 26 376 Fairgreen PL Suite, Apt. #, etc. 27 City & State Casselberry Zip 32707 Country Seminole		3. Date Incorporated or Qualified 07/24/1996 4. FEI Number 50-3340289 58-2095709 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent PARADISO, DON A 5874 DEERFIELD PLACE LAKE WORTH FL 33463				10. Name and Address of New Registered Agent 81 Name Richard D. Brace 82 Street Address (P.O. Box Number is Not Acceptable) 376 Fairgreen PL 83 84 City Casselberry FL 85 Zip Code 32707	
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 Richard D. Brace DATE 3/9/98 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE CST 1.2 NAME TAYLOR, DONALD A JR 1.3 STREET ADDRESS 1132 FRANKLIN LOOP 1.4 CITY-ST-ZIP CLARKRANGE, TN 38553 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
14. I 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 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: DONALD A. TAYLOR, JR. DATE 3/9/98					

CF2E034 (10/97)