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Feb 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000005693 (4)

1. Corporation Name  
SUNBEAM SERVICES, INC.

Principal Place of Business  
200 E LAS OLAS BLVD 21ST FLR  
FT LAUDERDALE FL 33301

Mailing Address  
200 E LAS OLAS BLVD 21ST FLR  
FT LAUDERDALE FL 33301-2248



2. Principal Place of Business  
21 1615 S. CONGRESS AVE.

2a. Mailing Address  
26 1615 S. CONGRESS AVE.

22 SUITE 200

27 SUITE 200

23 DELRAY BEACH, FL

28 DELRAY BEACH, FL

24 33445

29 33445

3. Date Incorporated or Qualified  
11/01/1996

3a. Date of Last Report

4. FEI Number  
65-0539381

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                              |                                 |
|-----------------|------------------------------|---------------------------------|
| TITLE           | P                            | <input type="checkbox"/> DELETE |
| NAME            | KERSH, RUSSELL A             |                                 |
| STREET ADDRESS  | 200 E LAS OLAS BLVD 21ST FLR |                                 |
| CITY - ST - ZIP | FT LAUDERDALE FL 33301       |                                 |
| TITLE           | PT                           | <input type="checkbox"/> DELETE |
| NAME            | DERECHO, EDWIN T             |                                 |
| STREET ADDRESS  | 200 E LAS OLAS BLVD 21ST FLR |                                 |
| CITY - ST - ZIP | FT LAUDERDALE FL 33301       |                                 |
| TITLE           | VS                           | <input type="checkbox"/> DELETE |
| NAME            | FANNIN, DAVID C              |                                 |
| STREET ADDRESS  | 200 E LAS OLAS BLVD 21ST FLR |                                 |
| CITY - ST - ZIP | FT LAUDERDALE FL 33301       |                                 |
| TITLE           | V                            | <input type="checkbox"/> DELETE |
| NAME            | GLUCK, ROBERT J              |                                 |
| STREET ADDRESS  | 200 E LAS OLAS BLVD 21ST FLR |                                 |
| CITY - ST - ZIP | FT LAUDERDALE FL 33301       |                                 |
| TITLE           | V                            | <input type="checkbox"/> DELETE |
| NAME            | KELLEY, JANET G              |                                 |
| STREET ADDRESS  | 200 E LAS OLAS BLVD 21ST FLR |                                 |
| CITY - ST - ZIP | FT LAUDERDALE FL 33301       |                                 |
| TITLE           | V                            | <input type="checkbox"/> DELETE |
| NAME            | KLEINMAN, LINDA              |                                 |
| STREET ADDRESS  | 200 E LAS OLAS BLVD 21ST FLR |                                 |
| CITY - ST - ZIP | FT LAUDERDALE FL 33301       |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 11 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |  |
| 13 STREET ADDRESS  | 1615 S. CONGRESS AVE., SUITE 200   |
| 14 CITY - ST - ZIP | DELRAY BEACH, FL 33445   |
| 21 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            | VT   |
| 23 STREET ADDRESS  | 1615 S. CONGRESS AVE., SUITE 200   |
| 24 CITY - ST - ZIP | DELRAY BEACH, FL 33445   |
| 31 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |  |
| 33 STREET ADDRESS  | 1615 S. CONGRESS AVE., SUITE 200   |
| 34 CITY - ST - ZIP | DELRAY BEACH, FL 33445   |
| 41 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            | ROBERT TOTTE   |
| 43 STREET ADDRESS  | 1615 S. CONGRESS AVE., SUITE 200   |
| 44 CITY - ST - ZIP | DELRAY BEACH, FL 33445   |
| 51 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME            |  |
| 53 STREET ADDRESS  | 1615 S. CONGRESS AVE., SUITE 200   |
| 54 CITY - ST - ZIP | DELRAY BEACH, FL 33445   |
| 61 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME            |  |
| 63 STREET ADDRESS  | 1615 S. CONGRESS AVE., SUITE 200   |
| 64 CITY - ST - ZIP | DELRAY BEACH, FL 33445   |

14. I do 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: Robert P. Tote

ROBERT P. TOTTE

1-22-97

(561)243-2134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)