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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600005961 (5)

SUNBURST ENTERPRISES, INC. OF MN.

Mailing Address

FILED
May 20 1998 8:00am
Secretary of State



	NE BLVD #475 ME BLVD #474 55318	%HARRIS COOPER- SUN 1107 HAZELTIME BLVD. CHASKA MN 55318 US	IBURST ENTERPRISES. II #475	DO NOT WRITE IN THI 3. Date Incorporated or Qualified 11/14/1996	S SPACE
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
	OLD US HWY 41	26 14848 OLD	US HWY 41	41-1834663	Not Applicable
Suite, Apt. 1 22 5+6	. [[Suito, Apt. #, etc. 27 Ste //		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	ies Fl	City & State 28 Naples	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 341	Country	Zm 2(11)	Country	8. This corporation owes or has paid the o	current year Intangible
24 341	25 25 Name and Address of Current	29 <u>39//0</u> Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registere	
Bt Name					
COOPER, HARRIS					
9051 GULFSHORE DR 82 Street Address (P.O. Box Number is Not Acceptable NAPLES FL 34108					
INA	-LES FC 34100		83	CS CANAGION BI	
			24 03		To Time Courts
			84 City RA	NITA SPRINGS F	L 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					
Olono (Torre	Signature, typed or printed name of registered agent		1E. Registered Agent signature re	***************************************	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DCPT COORSO LLADDIO	☐ DELETE	1.1 TITLE		Change L. Addition
NAME	COOPER, HARRIS		1.2 NAME	26455 CLARKSTON DR	
STREET ADDRESS	1107 HAZELTINE BLVD. #475			26455 CLARESTON DR	24125
CITY-ST-ZIP	CHASKA MN	☐ DÉLETE	1.4 CITY - ST - ZIP	BONITA SPRINGS FL.	34/35 Addition
TITLE	DCVS		2.4 TITLE		P outlings T vocation
NAME	COOPER, PATRICE D		2.2 NAME	445 DOCKSIDE DR	
STREET ADDRESS	1107 HAZELTINE BLVD #475 CHASKA MN		2.3 STREET ADDRESS	NAPLES FL 34110	
CITY-ST-ZIP TITLE	CHASIA MII	DELETE	2 4 CITY-ST-ZIP 3 1 TITLE	NAPLES PL 34110	Change Addition
NAME		(3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	41 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	•		5.4 CITY-ST-ZIP		
TiTLE		DELETE	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 hereby o	ertify that the information supplied wit	this filling does not qualify	for the exemption stated	d in Section 119.07(3)(i), Florida Statutes. I further	certify that the information

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes, Further certify that the information indicated on this annual report or suppliemental 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 of the receiver or profiles 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 in an attachmore with an address.

Molao

CUL 100-15118