

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # G32657

(0)

1. Corporation Name

SUNVEST MANAGEMENT, INC.

Principal Place of Business

**1100 SOUTH STATE ROAD 7
SUITE 210
MARGATE FL 33068**

Mailing Address

**1100 SOUTH STATE ROAD 7
SUITE 210
MARGATE FL 33068**

**APPROVED
AND
FILED**

95 MAY -1 PM 8:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/11/1983

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2283575

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

2. Principal Place of Business

21 1100 SOUTH STATE ROAD 7

2a. Mailing Address

26

Suite, Apt. #, etc.

22 SUITE 100

Suite, Apt. #, etc.

27

City & State

23 MARGATE FL

City & State

28 FL

Zip

24 33068

Country

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHARIN, ALAN K
1100 SOUTH STATE ROAD 7
MARGATE FL 33068**

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DST**
NAME **GOLDBERG, SHELDON**
STREET ADDRESS **1100 S. STATE RD. 7**
CITY-ST-ZIP **MARGATE FL**

TITLE **DP**
NAME **CHARIN, ALAN**
STREET ADDRESS **1100 S. STATE RD. 7**
CITY-ST-ZIP **MARGATE FL**

TITLE **DVP**
NAME **HIGH, LOIS**
STREET ADDRESS **1100 S. STATE RD. 7**
CITY-ST-ZIP **MARGATE FL**

TITLE **DVP**
NAME **BAKER, GLENN**
STREET ADDRESS **1100 S. STATE RD. 7**
CITY-ST-ZIP **MARGATE FL**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 110.07(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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN CHARIN

(Date)

(Signature) (Typed Name)

4-25-95 305-970-0555