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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

GRAARR

DOCUN 1. Corporation	MENT # G6440	66 (7)			
SUN-LIVING DEVELOPING CO., INC.					
Principal Place	of Business	Mailing Address		T THE STATE OF THE CITE OF THE BURNES BURNES OF THE BEST	I BIBIL BIBIL BIBIL BIBIL 1981
280 CORPORATE WAY		280 CORPORATE WAY	,		
POST OFFI	CE DRAWER "D"	Н			
ORANGE P/ US	ARK FL 32073	ORANGE PARK FL 320 US	073	· ,	Last Report
		,			/24/1995
2. Principal Pla	ce of Business	2a. Mailing Address	. ELK Ave	4. FEI Number	Applied For
21		······································	· CIVI ITVE		Not Applicable
Suite, Apt. #	≠, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Orty & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28 6- 6-121BE	THFONTN	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax in	under s. 199.032,
24	25	29	30 USA	Florida Statutes Yes No	
				10. Name and Address of New Registered Ag	jent
81 Name					
Ħ			82 Street Addre	82 Street Address (P.O. Box Number is Not Acceptable)	
			63		
ORANG	GE PARK FL 32073		84 City	FL	85 Zip Code
11. Pursuant to	a the provisions of Sections 607.0503	2 and 607.1508, Florida Statutes	s, the above named corpora	tion submits this statement for the purpose of chang	ging its registered office
or registere	ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	da. Such change was authorized	d by the corporation's board	Tof directors. Thereby accept the appointment as re	gistered agent. I am
SIGNATURE	.,				
	Signature, typed or printed have eith registered agest		Fregislaned Agent signature required		USIS OZODO INLAO
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND D	Change Addition
TITLE	DP		1.2 NAME	LJ	change
NAME STREET ADDRESS	HAMPTON, DAVID H, SR 709 1/2 E ELK AVE		1 3 SEHEET ADDRESS		
City-St-ZiP	EUZABETHTON TN		1.4 CHY-\$1-ZIP		
TITLE	EDZADEI(I)ON III	DELETE	2 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - Z/P			2.4 Crty - ST, ZIP		
THILE		DELETE	3 1 TillE		Change
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	34 City - \$1 - 7/P 4 ! Ti*LE		Change Addition
TITLE NAME		[_] becere	4.2 NAME	ليا	Distrigo Zicomon
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CHY - ST-ZIP		
TITLE		☐ DELETE	5 1 TiTLE		Change
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 NAMÉ		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP	v certify that the information supplied	with this films is not established	6 4 CITY ST-ZIF	r the exemption stated in Section 119.07(3)(k). Florid	to Statutae I further

roo hereby certify that the information supplied with this lining is voluntarily furnished and does not qualify for the exemption statute in Section 119.07 (5)(k), risordor statutes, risordor certify that the information indicated on this arrival 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 ardress.

SIGNATURE: