

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G78123** (8)

1. Corporation Name  
**ALLSUN PRODUCTS, INC.**



Principal Place of Business  
**1200 W DR M L KING JR BLVD  
PLANT CITY FL 33566  
US**

Mailing Address  
**% PARADISE INC  
PO DRAWER Y  
PLANT CITY FL 33566  
US**

3. Date Incorporated or Qualified **01/10/1984** 3a. Date of Last Record **06/13/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	<b>59-1007583</b>	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
25	30	10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**WEINER, EUGENE L.  
1200 W DR M L KING JR BLVD  
PLANT CITY FL 33566**

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 instituted) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <b>WEINER, FRANK A.</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>4901 LYFORD CAY RD</b>	1.2 NAME	
STREET ADDRESS	<b>TAMPA FL</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>PD</b>	1.4 CITY-STATE-ZIP	
TITLE	<b>GORDON, MELVIN S.</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>13803 WATERFALL WAY</b>	2.2 NAME	
STREET ADDRESS	<b>TAMPA FL</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>VST</b>	2.4 CITY-STATE-ZIP	
TITLE	<b>WEINER, EUGENE L.</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>4301 ROBIN LANE</b>	3.2 NAME	
STREET ADDRESS	<b>TAMPA FL</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>D</b>	3.4 CITY-STATE-ZIP	
TITLE	<b>WEINER, EUGENE L.</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>4301 ROBIN LANE</b>	4.2 NAME	
STREET ADDRESS	<b>TAMPA FL</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 119.07(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 13 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eugene L. Weiner / Eugene L. Weiner 4-2-96 813-752-1155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)