

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H22007 (9)
1. Corporation Name
SUNSTREAK PROPERTIES, INC.



Principal Place of Business Mailing Address
~~107 CRISTINE CT.
NICEVILLE FL 32578
US~~
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NICEVILLE FL 32578
US~~

3. Date Incorporated or Qualified **09/20/1984** 3a. Date of Last Report **04/27/1995**

2. Principal Place of Business Mailing Address
21 **POMPANO BEACH SE 9TH ST. 2575** 26 **2575 SE 9 STREET**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State **POMPANO BCH FL 33062** 27 **POMPANO BEACH, FL**
City & State
24 **33062** 25 **FLORIDA** 29 **33062** 30 **FLORIDA**
Zip Country Zip Country

4. FEI Number **59-2463264** 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
**TRUDEAU, BERNARD F., JR.
107 CRISTINE CT.
NICEVILLE FL 32578**

10. Name and Address of New Registered Agent
81 Name **DAVID R MARKS**
82 Street Address (P.O. Box Number Not Acceptable) **2575 SE 9TH STREET**
83
84 City **POMPANO BCH** FL 85 Zip Code **33062**

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 agent, 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.
SIGNATURE *David R Marks* DATE **4-1-96**

12. OFFICERS AND DIRECTORS

TITLE	PST	<input checked="" type="checkbox"/> DELETE
NAME	TRUDEAU, BERNARD F., JR.	
STREET ADDRESS	107 CRISTINE CT.	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TRUDEAU, BERNARD F., JR.	
STREET ADDRESS	107 CRISTINE CT.	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	DAVID R MARKS	
STREET ADDRESS	2575 SE 9 ST	
CITY-ST-ZIP	POMPANO BCH. FL 33062	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David R Marks* DATE: **4-1-96** DISTRICT PHONE #: **(954) 782-8500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)