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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H67609

(8)

SUN SETS OF THE PALM BEACHES, INC. Principal Place of Business Mailing Address P.O. BOX 401 DELRAY BEACH FL 33447 DELRAY BEACH FL 33447-0401										
							3. Date Incorporated or Qualified		te of Last F	Report
9 Dringing F	Place of Business	1 0 a 11 a 11 a 1 a 1 a 1 a 1 a 1 a 1 a					07/23/1985	03/	19/1996	
21 Principal P	race or business	2a. Mailing Address	i				4. FEI Number 59-2571832			oplied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc					ļ · · · · · · · · · · · · · · · · · · ·			ot Applicable Additional
22		27					5. Certificate of Status Desired			equired
City & Stat	e	City & State					6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added	to Fees
Zip 24	Country	Zip		Country			8. This corporation has liability for i			. 199.032,
[24]	25 9. Name and Address of Current	29 Registered Agent	30	'J		-	Florida Statutes 10. Name and Address of New Re		J No	
GO	EBEL, J. JEFFREY			81	Name					
160	60 E. BRIGHTON DRIVE				Street /	Addre	ss (P.O. Box Number is Not Acceptab	ile)	· · · · · · · · · · · · · · · · · · ·	
LOX	(AHATCHEE FL 33470			83			· · · · · · · · · · · · · · · · · · ·	····		······
				84	City			FL	85 Zip	Code
office or r agent. I a SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligation Signature typed or printed name of registered agent	tions of, Section 607.050)5, Florida	a Statutes			indicor submissing this statement for the pon's board of directors. Thereby accept	of the appo	cnanging ii pintment as	registered registered
12.	OFFICERS AND	 	(11012 110	13.	- Constitution	require	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	IS IN 12
TITLE	P	☐ DELETI	E	1.1 TITLE					Change	Addition
NAME	GOEBEL, J. JEFFREY			1.2 NAME						
STREET ADDRESS	16060 E. BRIGHTON DRIVE			1.3 STREET	address					
CITY - ST - ZIP	LOXAHATCHEE FL			1.4 CITY - \$1	r- ZIP					
TITLE		☐ DELETE	Ε	2.1 TITLE			CRETARY	l	Change	X Addition
NAME CTOTET ADDRESS				2.2 NAME			UCE GLIMPSE			
STREET ADDRESS CITY-ST-ZIP				2.3 STREET	- 1		75 IDA WAY			
TITLE		☐ DELETI	E	2. 4 CITY - S 3.1 TITLE	1-212	W	PALM BEACH FL 334	112	Change	Addition
NAME				3.2 NAME				•		
STREET ADDRESS			1	3 3 STREET	ADDRESS					
CITY-ST-ZIP				3 4. CITY - S	T-ZIP					
TITLE		☐ DELETE	E	4.1 TITLE					Change	☐ Addition
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREET	- 1					
CITY-ST-ZIP TITLE		DELETE		4.4 CITY - ST 5.1 TITLE	- ZIP				Change	Addition
NAME				5.2 NAME				ι	Ulange	L Addition
STREET ADDRESS			i	5.3 STREET	ADORESS					
CITY-ST-ZIP				5.4 CITY - ST						
TITLE		☐ DELETE		6.1 TITLE					Change	Addition
NAME				6.2 NAME						
STREET ADDRESS			ŀ	6.3 STREET A	ADDRESS					
CITY . 91 . 710				CACITY OF	710					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED

Feb 18 1997 8:00am

Secretary of State