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May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # **J26727**   **(4)**

1. Corporation Name

WINTER SUN, INC.

Principal Place of Business	Mailing Address
P O BOX 4160 KEY WEST FL 33041	P O BOX 4160 KEY WEST FL 33041-4160

3. Date Incorporated or Qualified	3a. Date of Last Report
07/30/1986	05/01/1996

2. Principal Place of Business

21	5585 St. Ambrose Church Rd	26	2a. Mailing Address

22	Suite, Apt #, etc.	27	Suite, Apt. #, etc.

23	City & State: Elkton FL	28	City & State

24	Zip: 32033	25	Country: USA	29	Zip	30	Country

4. FEI Number		Applied For
59-2787184		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

MEYER, JEFFREY B. ESQ.
RT 5 BOX 8
BIG PINE KEY FL 33043

10. Name and Address of New Registered Agent

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 reinstating)   DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE	1.1 TITLE ☒ Change ☐ Addition
NAME	MILLER, ANGA		1.2 NAME
STREET ADDRESS	P.O. BOX 4160 N/A		1.3 STREET ADDRESS **5585 St. Ambrose Church Rd.**
CITY-ST-ZIP	KEY WEST FL 33040		1.4 CITY-ST-ZIP **Elkton, FL 32033**
TITLE		☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME			2.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE		☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
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 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

CR2E034 (9/96)

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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/25/97

Daytime Phone #: 9046921400

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