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May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J26727** (4)
1. Corporation Name
WINTER SUN, INC.

Principal Place of Business
**5585 ST AMBROSE CHURCH RD
ELKTON FL 32033
US**

Mailing Address
**P O BOX 4180
KEY WEST FL 33041**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10875 Old Dixie Highway Suite, Apt. #, etc. 22 Suite #6 City & State 23 St. Augustine FL Zip 24 32095 Country 25 US		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 07/30/1986	
g. 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 Diana Bowden 82 Street Address (P.O. Box Number is Not Acceptable) 273 Venetian Way 83 84 City Summerland Key FL 85 Zip Code 33042			

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 **Diana Bowden** DATE **4/28/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PJT/S
NAME	MILLER, ANGA	1.2 NAME	Miller, Anga
STREET ADDRESS	5585 ST AMBROSE CHURCH RD	1.3 STREET ADDRESS	1118 Neck Road
CITY-ST-ZIP	ELKTON FL	1.4 CITY-ST-ZIP	Ponte Vedra Bch, FL 32082
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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]** DATE **4/28/98** 904-280-8705

CR2E034 (10/97)