

**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

**FILED**  
Jun 21 1996 8:00 am  
Secretary of State

**DOCUMENT #**

1. Corporation Name **J39198 (3)**

**Tresun Corp.**

Principal Place of Business Mailing Address  
**9050 Pines Blvd #270 9050 Pines Blvd. #270  
Pembroke Pines, FL 33024 Pembroke Pines, FL 33024**

21. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip	Country	28. Zip	Country
24. Zip	25. Country	29. Zip	30. Country

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>10/23/1986</b>	<b>03/15/95</b>
4. FEI Number	Applied For
<b>59-2737967</b>	Not Applicable
5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>Kientz, Cynthia 7944 Plantation Blvd. Miramar, FL 33023</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)	<b>1634 S.W. 158 Terr.</b>		
				83. City			
				84. City	<b>Pembroke Pines</b>	85. Zip Code	<b>FL 33027</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>Kientz, Cynthia</b>			12. NAME			
STREET ADDRESS				13. STREET ADDRESS	<b>1634 SW 158 Terr.</b>		
CITY - ST - ZIP				14. CITY - ST - ZIP	<b>Pembroke Pines, FL 33027</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<b>VP, S</b>	<input type="checkbox"/> DELETE		2. TITLE			
NAME	<b>Kientz, Larry</b>			22. NAME			
STREET ADDRESS				23. STREET ADDRESS	<b>1634 SW 158 Terr.</b>		
CITY - ST - ZIP				24. CITY - ST - ZIP	<b>Pembroke Pines, FL 33027</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		3. TITLE			
NAME				32. NAME			
STREET ADDRESS				33. STREET ADDRESS			
CITY - ST - ZIP				34. CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		4. TITLE			
NAME				42. NAME			
STREET ADDRESS				43. STREET ADDRESS			
CITY - ST - ZIP				44. CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		5. TITLE			
NAME				52. NAME			
STREET ADDRESS				53. STREET ADDRESS			
CITY - ST - ZIP				54. CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		6. TITLE			
NAME				62. NAME			
STREET ADDRESS				63. STREET ADDRESS			
CITY - ST - ZIP				64. CITY - ST - ZIP			

**800001871768**  Addit on  
-06/21/96--01091--040  
\*\*\*225.00

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: *Cynthia Kientz* **6/21/96** (954) 433-2801  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)