


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

**FILED**  
**May 06 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** J39198 (3)

**1. Corporation Name**  
 TRESUN CORP

<b>Principal Place of Business</b>	<b>Mailing Address</b>
9050 PINES BLVD #270 PEMBROKE PINES, FL 33024	9050 PINES BLVD #270 PEMBROKE PINES, FL 33024

<b>3. Date Incorporated or Qualified</b> 10/23/1986	<b>3a. Date of Last Report</b> 06/03/1996
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<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
21 9050 PINES BLVD	26 9050 PINES BLVD.
22 Suite, Apt. #, etc. # 270	27 Suite, Apt. #, etc. # 270
23 City & State PEMBROKE PINES, FL	28 City & State PEMBROKE PINES, FL
24 Zip 33024	29 Zip 33024
25 Country USA	30 Country USA.

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

**9. Name and Address of Current Registered Agent**

KIENTZ, CYNTHIA  
 1634 S.W. 158 TERR.  
 PEMBROKE PINES, FL 33027

**10. Name and Address of New Registered Agent**

<b>81 Name</b>	<b>85 Zip Code</b>
<b>82 Street Address (P.O. Box Number is Not Acceptable)</b>	FL
<b>83</b>	
<b>84 City</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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**  DELETE

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**  Change  Addition

1.1 TITLE	P
1.2 NAME	KIENTZ, LARRY
1.3 STREET ADDRESS	1634 S.W. 158 TERR.
1.4 CITY - ST - ZIP	PEMBROKE PINES, FL 33027
2.1 TITLE	V/S/T
2.2 NAME	KIENTZ, CYNTHIA
2.3 STREET ADDRESS	1634 S.W. 158 TERR.
2.4 CITY - ST - ZIP	PEMBROKE PINES, FL 33027
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	600002178986
6.2 NAME	-05/14/97--01113--022
6.3 STREET ADDRESS	***173.75
6.4 CITY - ST - ZIP	

RW  
5-6-97

**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:** Cynthia Kientz - Cynthia Kientz **04-14-97** (991) 433-2801 X33

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)