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 # J76632

(5)

Mailing Address

SUN ENTERPRISE, INC.

Principal Place of Business

SIGNATURE:

FILED Apr 14 1997 8:00am Secretary of State

gen), or both, in the Stat ith, and accept the obli- d or pented havie of registered a	502 and 607.1508, Florida State of Florida Such change wigations of, Section 607.0505.	as autho , Florida NOTE: Reg	orized by Statutes gistered Age 13.	Name Street Ad City -named co	3. Date Incorporated or Qualified 06/05/1987 4. FEI Number 65-0006833 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for i Florida Statutes 10. Name and Address of New Red dress (P.O. Box Number is Not Acceptable) proration submits this statement for the pation's board of directors. I hereby acceptable of the pation's board of directors. I hereby acceptable of the pation's board of directors. I hereby acceptable of the pation's board of directors. I hereby acceptable of the pation's board of directors. I hereby acceptable of the pation's board of directors. I hereby acceptable of the pation's board of directors. I hereby acceptable of the pation's board of directors. I hereby acceptable of the pation's board of directors. I hereby acceptable of the pation of the patio	\$8.75 Fee F \$5.00 Addect intengible tax under Yes No glatered Agent Die) PL 85 Zip purpose of changing of the appointment a	Applied For Not Applicable Additional Required D May Be d to Fees s. 199.032,
Country [25] I and Address of Curre [HIA H AVE 32 Sions of Sections 607.05 gent, or both, in the Statith, and accept the oblider of registered at the control of the country of the cou	Suite, Apl. #, etc. 27 City & State 28 Zip 29 Part Registered Agent 502 and 607.1508, Florida State of Florida Such change wigations of, Section 607.0505 Gent and title if applicable . (ND DIRECTORS	etutes, ti as autho , Florida NOTE: Reg	81 82 63 84 he above orized by Statules 13.	Name Street Ad City -named co	65-0006833 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for in Florida Statutes 10. Name and Address of New Reddress (P.O. Box Number is Not Acceptable or portion submits this statement for the pation's board of directors. I hereby acceptable of the pation's board of directors. I hereby acceptable of the pation's board of directors. I hereby acceptable of the pation's board of directors.	\$8.75 Fee F \$5.00 Addect intangible tax under Yes No glatered Agent Die) PL 85 Zip purpose of changing on the appointment a	Additional Required May Be d to Fees s. 199.032, Code Its registered is registered
and Address of Curre THIA H AVE 32 sions of Sections 607.05 gent, or both, in the Stat ith, and accept the oblid or pented harbe of registered a	Suite, Apt. #, etc. 27 City & State 28 Zip 29 Part Registered Agent 502 and 607.1508, Florida State of Florida Such change wigations of, Section 607.0505 gent and title dispolicable . (ND DIRECTORS	etutes, ti as autho , Florida NOTE: Reg	81 82 63 84 he above orized by Statules 13.	Name Street Ad City -named co	5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for i Florida Statutes 10. Name and Address of New Red dress (P.O. Box Number is Not Acceptable) proporation submits this statement for the pation's board of directors. I hereby acceptable patient's board of directors. I hereby acceptable control of the patient's board of directors. I hereby acceptable control of the patient's board of directors. I hereby acceptable control of the patient's board of directors. I hereby acceptable control of the patient's board of directors. I hereby acceptable control of the patient's board of directors. I hereby acceptable control of the patient's board of directors. I hereby acceptable control of the patient's board of directors. I hereby acceptable control of the patient's board of directors. I hereby acceptable control of the patient's board of directors. I hereby acceptable control of the patient's board of directors. I hereby acceptable control of the patient's board of directors. I hereby acceptable control of the patient's board of directors. I hereby acceptable control of the patient's board of directors. I hereby acceptable control of the patient's board of directors. I hereby acceptable control of the patient's board of directors.	\$8.75 Fee F \$5.00 Addect intangible tax under Yes No glatered Agent Diagram B5 Zip Durpose of changing on the appointment a	Additional Required D May Be to Fees s. 199.032, Code Its registered is registered
and Address of Curre THIA H AVE 32 sions of Sections 607.05 gent, or both, in the Stat ith, and accept the oblid or pented harbe of registered a	City & State 28 ZID 29 Part Registered Agent 502 and 607.1508, Florida State of Florida Such change wigations of, Section 607.0505 Gent and title if applicable (ND DIRECTORS)	etutes, ti as autho , Florida NOTE: Reg	81 82 63 84 he above orized by Statules 13.	Name Street Ad City -named co	8. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for i Florida Statutes 10. Name and Address of New Reg dress (P.O. Box Number is Not Acceptable) proporation submits this statement for the pation's board of directors. I hereby acceptable patient when renstating)	Fee F \$5.00 Addect intangible tax under Yes No glatered Agent Diagram B5 Zip Durpose of changing on the appointment a	D May Be I to Fees S. 199.032, Code Its registered RS IN 12
and Address of Curre THIA H AVE 32 sions of Sections 607.05 gent, or both, in the Stat ith, and accept the oblid or pented harbe of registered a	ZIP ZIP 29 ent Registered Agent 502 and 607.1508, Florida State of Florida Such change wigations of, Section 607.0505 gent and title if applicable	etutes, tl as autho , Florida NOTE: Reg	81 82 63 84 he above orized by Statules 13.	Name Street Ad City -named co	Trust Fund Contribution 8. This corporation has liability for in Florida Statutes 10. Name and Address of New Reddress (P.O. Box Number is Not Acceptable) proporation submits this statement for the pation's board of directors. I hereby acceptable	Addectintangible tax under Yes No No gistered Agent PL 85 Zip Durpose of changing of the appointment a	s. 199.032, Code its registered s registered
and Address of Curre THIA H AVE 32 sions of Sections 607.05 gent, or both, in the Stat ith, and accept the oblid or pented harbe of registered a	Zip 29 ent Registered Agent 502 and 607,1508, Florida State of Florida Such change wigations of, Section 607,0505 egent and title if applicable . (ND DIRECTORS	etutes, tl as autho , Florida NOTE: Reg	81 82 63 84 he above orized by Statules 13.	Name Street Ad City -named co	8. This corporation has liability for in Florida Statutes Town Research 10. Name and Address of New Research 10. Name and New Research	intangible tax under Yes No glatered Agent Die) Recommendation No	s. 199.032,) Code Its registered s registered
and Address of Curre THIA H AVE 32 sions of Sections 607.05 gent, or both, in the Stat ith, and accept the oblid or pented harbe of registered a	29 ent Registered Agent 502 and 607.1508, Florida State of Florida Such change wigations of, Section 607.0505 egent and title if applicable	etutes, tl as autho , Florida NOTE: Reg	81 82 63 84 he above orized by Statules 13.	Name Street Ad City -named co	Florida Statutes 10. Name and Address of New Red dress (P.O. Box Number is Not Acceptable) proporation submits this statement for the pation's board of directors. I hereby acceptabled when renstating)	PICERS AND DIRECTO	o Code its registered is registered
and Address of Curre IHIA H AVE 32 sions of Sections 607,05 gent, or both, in the Stat ith, and accept the oblid OFFICERS AF	and 607.1508, Florida State of Florida Such change wigations of Section 607.0505	etutes, tl as autho , Florida NOTE: Reg	82 83 84 84 84 95 Statutes 96 Statutes 13.	City S-named co	10. Name and Address of New Red dress (P.O. Box Number is Not Acceptable proporation submits this statement for the pation's board of directors. I hereby acceptabled when renstating)	ple) FL 85 Zip Durpose of changing of the appointment a	its registered is registered PRS IN 12
H AVE 32 stons of Sections 607.05 gonf, or both, in the Stat ith, and accept the oblid or product mand of registered accept the CFFICERS AF	te of Florida Such change wi gations of, Section 607.0505 gent and title it applicable	as autho , Florida NOTE: Reg	82 83 84 84 84 95 Statutes 96 Statutes 13.	City S-named co	rporation submits this statement for the pation's board of directors. I hereby acception when renstating)	FL 85 Zip purpose of changing of the appointment a	its registered is registered PRS IN 12
H AVE 32 stons of Sections 607.05 gonf, or both, in the Stat ith, and accept the oblid or product mand of registered accept the CFFICERS AF	te of Florida Such change wi gations of, Section 607.0505 gent and title it applicable	as autho , Florida NOTE: Reg	he above prized by Statutes 13. 1.1 TILE	City s-named co r the corpor	rporation submits this statement for the pation's board of directors. I hereby acception when renstating)	FL 85 Zip purpose of changing of the appointment a	its registered is registered PRS IN 12
sions of Sections 607.05 gent, or both, in the Stat ith, and accept the oblid for product make of registered as OFFICERS AI	te of Florida Such change wi gations of, Section 607.0505 gent and title it applicable	as autho , Florida NOTE: Reg	he above prized by Statutes 13. 1.1 TILE	City s-named co r the corpor	rporation submits this statement for the pation's board of directors. I hereby acception when renstating)	FL 85 Zip purpose of changing of the appointment a	its registered is registered PRS IN 12
sions of Sections 607.05 gent, or both, in the Stat ith, and accept the obli- d or product make of registered a OFFICERS AF	te of Florida Such change wi gations of, Section 607.0505 gent and title it applicable	as autho , Florida NOTE: Reg	he above prized by Statutes sistered Age 13.	e-named co the corpor s.	ation's board of directors. I hereby acception when remataling)	DATE DATE DATE DATE DATE DATE DERS AND DIRECTO	its registered is registered PRS IN 12
gent, or both, in the Stat ith, and accept the obli- tor panted having of registered a OFFICERS AT	te of Florida Such change wi gations of, Section 607.0505 gent and title it applicable	as autho , Florida NOTE: Reg	he above prized by Statutes pistered Age 13.	e-named co the corpor s.	ation's board of directors. I hereby acception when remataling)	DATE DATE DATE DATE DATE DATE DERS AND DIRECTO	its registered is registered PRS IN 12
gent, or both, in the Stat ith, and accept the obli- tor panted having of registered a OFFICERS AT	te of Florida Such change wi gations of, Section 607.0505 gent and title it applicable	as autho , Florida NOTE: Reg	he above prized by Statutes pistered Age 13.	e-named co the corpor s.	ation's board of directors. I hereby acception when remataling)	DATE DATE DATE DATE DATE DATE DERS AND DIRECTO	its registered is registered PRS IN 12
gent, or both, in the Stat ith, and accept the obli- tor panted having of registered a OFFICERS AT	te of Florida Such change wi gations of, Section 607.0505 gent and title it applicable	as autho , Florida NOTE: Reg	orized by Statutes gistered Age 13.	the corpor s.	ation's board of directors. I hereby acception when rematating)	DATE DATE DERS AND DIRECTO	os registered
p			1.1 TITLE	T	ADDITIONS/CHANGES TO OFFIC		
DAEAEI		- 1		ļ.		L. Criange	
			1.2 NAME	I .			
135 AVE			1.3 STREET	ADDRESS			
L			1.4 CITY-S				
	DELETE		2.1 TITLE			Change	Addition
, CYNTHIA		1	2.2 NAME	1			
135 AVE			2.3 STREET	ADDRESS	•		
L 33182			2. 4 CITY-1	ST-ZIP			
	☐ DELETE		3.1 TITLE			Change	Addition
		ı	32 NAME				
	T DELETE			ST-ZIP		Chance	Addition
•	L_J DESERT						[_] vanilo
				ADDRESS			
				1			
	☐ DELETE		5.1 TITLE	1-24		Change	Addition
			5.2 NAME			•	
		f	5.3 STREET	ADDRESS			
		1	5.4 CITY - S	T-ZIP			
	DELETE		6.1 TITLE			Change	Addition
			62 NAME				
			63 STREET	ADDRESS			
	Land order that Etc				41 0 - 41 07/0V/V F- (1- 0)	- 1.6 mb	-4.46
	at the information suppl	L 33182 DELETE DELETE DELETE DELETE	L 33182 DELETE DELETE DELETE at the information supplied with this filing does not qualify to conthis angual report or supplied with this filing does not qualify to conthis angual report is true.	L 33182 2 4 CITY-5 3.1 TITLE 32 NAME 33 STREET 34. CITY-5 4.2 NAME 4.3 STREET 4.4 CITY-5 1. DELETE 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-5 1. DELETE 6.1 TITLE 6.2 NAME 6.3 STREET 6.4 CITY-5 1. DELETE 6.1 TITLE 6.2 NAME 6.3 STREET 6.4 CITY-5 6.5 STREET	L 33182 2 4 CITY-ST-ZIP DELETE 31 TITLE 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP DELETE 6.5 NAME 6.5 STREET ADDRESS 6.6 CITY-ST-ZIP ABUSE OF The exemption state and life for the exemption state and life for the exemption state and life for the exemption state.	2 4 CITY-ST-ZIP DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ART THE GENAME 6.5 STREET ADDRESS 6.5 STREET ADDRESS	DELETE Change C