

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *K66756*
1. Corporation Name
SunFed Inc

Principal Place of Business Mailing Address
1785 E. Sunrise Blvd Same
Ft Lauderdale FL 33304

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
2, 17, 1987

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

4. FEI Number <i>65-009475</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <i>Donald Shannon # 1106</i> <i>340 Sunset Blvd.</i> <i>Ft Lauderdale FL 33301</i>				10. Name and Address of New Registered Agent			
81. Name				85. Zip Code			
82. Street Address (P.O. Box Number is Not Acceptable)				84. City			
83.				FL			

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 registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<i>Pres</i>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Donald Shannon</i>	1.2 NAME	
STREET ADDRESS	<i>340 Sunset Dr</i>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<i>Ft Lauderdale FL 33301</i>	1.4 CITY - ST - ZIP	
TITLE	<i>V. Pres</i>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Leslie Shannon</i>	2.2 NAME	
STREET ADDRESS	<i>340 Sunset Dr.</i>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<i>Ft Lauderdale FL 33301</i>	2.4 CITY - ST - ZIP	
TITLE	<i>V. Pres</i>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Michael Schiavone</i>	3.2 NAME	
STREET ADDRESS	<i>63 Vineyard Place</i>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<i>Gulfport CT 06437</i>	3.4 CITY - ST - ZIP	
TITLE	<i>Treasurer</i>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Ronald Sader</i>	4.2 NAME	
STREET ADDRESS	<i>234 Universal Dr.</i>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<i>Nor Haven CT 06473</i>	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donald Shannon Pres* 4/24/95 745 462 8658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)