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**Apr 04 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # K66756 (3)**

1. Corporation Name  
**SUNFED, INC.**



Principal Place of Business  
**1785 E SUNRISE BLVD.  
FT LAUDERDALE FL 33304**

Mailing Address  
**1785 E SUNRISE BLVD.  
FT LAUDERDALE FL 33304-3016**

3. Date Incorporated or Qualified  
**02/17/1989**

3a. Date of Last Report  
**04/08/1996**

4. FEI Number  
**65-0099475**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

25 Zip

29 Country

30

9. Name and Address of Current Registered Agent

**SHANNON, DONALD J.  
340 SUNSET DR STE 1106  
FT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

VP  DELETE  
NAME **SCHIAVONE, MICHAEL**  
STREET ADDRESS **63 VINEYARD PLACE**  
CITY - ST - ZIP **GUILFORD CT**

TRE  DELETE  
NAME **SADER, RONALD**  
STREET ADDRESS **234 UNIVERSAL DR.**  
CITY - ST - ZIP **N HAVEN CT**

P  DELETE  
NAME **SHANNON, DONALD J.**  
STREET ADDRESS **340 SUNSET DR.**  
CITY - ST - ZIP **FT LAUDERDALE FL**

VP  DELETE  
NAME **SHANNON, LESLIE**  
STREET ADDRESS **340 SUNSET DR.**  
CITY - ST - ZIP **FT LAUDERDALE FL**

DELETE

DELETE

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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: *Donald J Shannon Pres* **Donald Shannon** 3/10/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Daytime Phone #: **954 462-8858**

CR2E034 (9/96)