

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

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Apr 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K66756** (3)  
1. Corporation Name  
**SUNFED, INC.**

Principal Place of Business <b>1785 E SUNRISE BLVD. FT LAUDERDALE FL 33304</b>	Mailing Address <b>1785 E SUNRISE BLVD. FT LAUDERDALE FL 33304-3018</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>02/17/1989</b>	3a. Date of Last Report <b>04/08/1996</b>
4. FEI Number <b>65-0099475</b>		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>\$8.75</b> Additional Fee Required <b>\$5.00</b> May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>SHANNON, DONALD J. 340 SUNSET DR STE 1106 FT LAUDERDALE FL 33301</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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					
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	<b>SCHIAVONE, MICHAEL</b>				
STREET ADDRESS	<b>63 VINEYARD PLACE</b>				
CITY - ST - ZIP	<b>GUILFORD CT</b>				
TITLE	TRE	<input type="checkbox"/> DELETE			
NAME	<b>SADER, RONALD</b>				
STREET ADDRESS	<b>234 UNIVERSAL DR.</b>				
CITY - ST - ZIP	<b>N HAVEN CT</b>				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	<b>SHANNON, DONALD J.</b>				
STREET ADDRESS	<b>340 SUNSET DR.</b>				
CITY - ST - ZIP	<b>FT LAUDERDALE FL</b>				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	<b>SHANNON, LESLIE</b>				
STREET ADDRESS	<b>340 SUNSET DR.</b>				
CITY - ST - ZIP	<b>FT LAUDERDALE FL</b>				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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 #  
954 462-8058

CR2E034 (9/96)