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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L27830

(3)

Mailing Address

NEW SUN ENTERPRISES, INC.

FILED
Apr 29 1997 8:00am
Secretary of State

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S DOMINIC LUPORI 28 N. MAPLE AVE. LEHIGH ACRES FL 33936		% DOMINIC LUPORI 28 N. MAPLE AVE. LEHIGH ACRES FL 33936-6494				6 Patribuses and a Committee	Do Day (1)	1 December	·¬	
							3. Date Incorporated or Qualified 11/06/1989	3a. Date of Las 07/17/1996		
2. Principal Place of Business			2a. Mailing Address				4. FE Number		Applied For	1
21			26				65-0154486	├	Not Applicable	1
Sulte, Apt. #, etc.				Suite, Apt. #, etc.			1	_ 69.7	5 Additional	٦
22		[27]				5. Certificate of Status Desired	Fee	Required		
City & State			City & State	City & State			6. Election Campaign Financing	\$5.0	0 May Be	1
23			28				Trust Fund Contribution		ed to Fees	
Zip	Zip Country			Zip Country			8. This corporation has liability for intangible tax under s. 199.032.			1
24 25 29				30			Florida Statutes			
	9. Name and	Address of Curren	t Registered Agent				10. Name and Address of New Reg	stered Agent]
LUP	ORI, DOMINIC				81	Name				
28 N MAPLE AVE						Street Add	ress (P.O. Box Number is Not Acceptable	e)		1
LEGI	IGH ACRES FL	33936			83					$\frac{1}{2}$
					84	City		FL 85 Z	ip Code	
l office or r	registered agent,	or both, in the State :	2 and 607.1508, Flor of Florida. Such cha itions of, Section 607	nde was autl	horized by	/ the corpora	poration submits this statement for the pution's board of directors. I hereby accep	rpose of changing the appointment	g its registered as registered	
SIGNATURE	Signature, bured or pur	ited name of registered ager	et and tale of sombleable	ANOTE O	konistanal Ara	unt pionisty to team	ired when reinstating)	DATE		
12.		OFFICERS AND			I 13.		ADDITIONS/CHANGES TO OFFIC		ORS IN 12	∃a
TOLE	PTD	<u> </u>	□ c	ELETE	15100			☐ Chang		18
NAME	LUPORI, DOM	INIC			1.2 NAME					;
STREET ADDRESS	28 N. MAPLE	AVE.			1.3 S 18661	ADDRESS				18
CITY-ST-ZIP	LEHIGH ACRE	S FL			14 CITY-S					15
TITLE	VSD			ELE1E	2 TITLE			Chang	c Addition	18
NAME	BIANCHI, JOS	EPH			2.2 NAME			-		
STREET ADDRESS	923 SANBORI				2.3 STREET	ADDRESS		-		d
CITY-ST-ZIP	PALATINE IL				2. 4 CiTY-					٣
TITLE			□ D	ELFTE	3. TITLE			☐ Chang	e Addition	1
NAME					3.2 NAME			-		
STREET ADDRESS					3.3 STREET	ADDRESS				
CITY-ST-ZIP					3.4. C(1)Y+					
TETLE			D	ELETE	4.1 THLE			Chang	e 🔲 Addition	1
NAME					4. 2 NAME					
STREET ADDRESS					4.3 STREET	ADDRESS				
CITY-ST-ZIP					4.4 CITY - S	T- 21P				
TITLE			□ D	FLETE	5.1 TITLE			Chang	e 🔲 Addition	1
NAME					5.2 NAME					
STREET ADDRESS					5 3 STREET	ADDRESS				
CITY-ST-ZIP					5.4 CHY+ S	1 · 202				
TITLE				LLETE	6 1 TITLE			Chang	e 🔲 Addition	1
NAME					G.2 NAME					
STREET ADDRESS	· .				63 STREET	ADDRESS				
CITY-ST-ZIP					64 CHY-S	1-7IP				
44 1 7 1										

1. I do hereby certify that the information supplied with this firing 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 logal offect as if made under eath; that I am an officer or director of the corporation or the receive 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 engaged or part of the corporation or the receive or trustee.