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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L29579

(4)

ISLAND SUNBURST, INC.

City - St - 7IP

appears in Block 12 or B

SIGNATURE:

Principal Place of Business Mailing Address **6011 22ND AVE. SW** 6011 22ND AVE. SW NAPLES FL 33999 NAPLES FL 34116-5431 3. Date Incorporated or Qualified 3a. Date of Last Report 11/14/1989 04/04/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0158441 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country This corporation has liability for intangible tax under s. 199.032, 30 Florida Statutes Yes No 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KUHN, CYNTHIA S 6011 22ND AVE SW Street Address (P.O. Box Number is Not Acceptable) 82 NAPLES FL 33999 83 84 City 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 Stylo of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am If mill as with, and increase the objection 607.0505, Florida Statutes. SIGNATURI OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13, Addition DELETE 1.1 TITLE Change TITLE KUHN, CYNTHIA S. NAME 1.2 NAME 6011 22 AVE SW 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL COTY - S1 - ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE THILE 2.2 NAME NAVE STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CHY \$1-742 DELETE Addition T Change 3.1 TITLE 1000 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 41 TITLE Tria F NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY: \$1.7il ☐ DELETE Change Addition 5.1 TITLE HILE 5.2 NAME NAME STEEL ATORESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition 6.1 TITLE THE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

14. For 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