

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

FILED

Mar 31 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 # L36191 (9)

1. Corporation Name
SUN SOBIN, INC.



Principal Place of Business

Mailing Address

~~3191 MAGUIRE BLVD~~
~~SUITE 155~~
~~ORLANDO FL 32803~~
US

~~3191 MAGUIRE BLVD~~
~~SUITE 155~~
~~ORLANDO FL 32803-0729~~
US

2. Principal Place of Business

21 3203 Lawton Road
Suite, Apt. #, etc.
22 Suite 170

23 City & State
Orlando, FL

24 Zip Country
32803 US

2a. Mailing Address

26 3203 Lawton Road
Suite, Apt. #, etc.
27 Suite 170

28 City & State
Orlando, FL

29 Zip Country
32803 US

3. Date Incorporated or Qualified
12/14/1989

3a. Date of Last Report
06/21/1996

4. FEI Number

59-2999327

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required
☐ \$5.00 May Be
Added to Fees

6. Election Campaign Financing
Trust Fund Contribution

☐

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

9. Name and Address of Current Registered Agent

HOWARD, SOBIN
3191 MAGUIRE BLVD
SUITE 155
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name

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

3203 Lawton Road

83 Suite 170

84 City
Orlando,

FL 85 Zip Code
32803

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	P	<input type="checkbox"/> DELETE
NAME	SOBIN, HOWARD	
STREET ADDRESS	3191 MAGUIRE BLVD SUITE 155	
CITY - ST - ZIP	ORLANDO FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	NICOLETTI, DANIEL	
STREET ADDRESS	3191 MAGUIRE BLVD	
CITY - ST - ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SOBIN, HARRIETT I.	
STREET ADDRESS	3191 MAGUIRE BLVD STE 155	
CITY - ST - ZIP	ORLANDO FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3203 Lawton Road, Ste. 170
1.4 CITY - ST - ZIP	Orlando, FL 32803
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3203 Lawton Road, Ste. 170
3.4 CITY - ST - ZIP	Orlando, FL 32803
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: HOWARD SOBIN, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/97

(407) 898-7577

Date

Daytime Phone

0084223

CR2E034 (9/96)