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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthem

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L38469 (7) SUN SYSTEMS FINANCIAL CORPORATION  Principal Place of Business Mailing Address 1901 TAMIAMI TRAIL PUNTA GORDA FL 33950  PUNTA GORDA FL 33950-5917					3. Date incorporated or Qualified 12/27/1989 3a. Date of Last Report 03/28/1996				
2. Principal f	Place of Business	2a. Mailing Address				4. FEI Number		Applied For	
21]		26				65-0178987	<b>65-0178987</b> Not Applica		
—₁ Suite, Apt	#. etc	Suite, Apt #, etc.				5. Certificate of Status Desired		Additional	
City & Sta	la .	City & State						Required	
23	tu	28	ony a State			6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees	
<b>Ζ</b> φ	Country		ľip	Coun	try	8. This corporation has liability for i			
24	25	29		30		Florida Statutes	Yes No		
	9. Name and Address of Curre	nt Registe	red Agent		11 Name	10. Name and Address of New Re	gistered Agent		
PUN	1 TAMIAMI TRAIL. ITA GORDA FL 33950 Lio the provisions of Sections 607.05	02 and 607	7.1508, Florida Statu		13 City	ddress (P.O. Box Number is Not Acceptable corporation submits this statement for the poration's board of directors. I hereby acceptable corporation's board of directors.	FL 85 2	p Code	
agent Le S'GNATURE 12.	am familiar with, and accept the oblig Signation tyristor poiled name of regulated as OFFICERS AN	gations of, S	Section 607.0505, F	lorida Statu	les.	equired when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE		
'nte	I DP	TE EINCOT	DELETE	1.1 1171	E	7,5517,517,517,412,57,57,77	Chang		
NAME	HELPHENSTINE, ROBERT B			1 2 NAA	IE			_	
STREET ADDRESS				1.3 STA	EET ADDRESS				
City St-7@	PUNTA GORDA FL			1.4 CIT	-ST-ZIP				
TAILE	DST		☐ DELETE	2.1 T(T)	E		Chang	e 🛄 Addition	
NAME	HELPHENSTINE, JOANN P.			2.2 NAN	IE .			į.	
STREET ADORESS	1901 TAMIAMI TRAIL PUNTA GORDA FL				EET ADDRESS				
CHY-ST-ZIP 1CU	DV DV		DELETE	2. 4 CIT	Y-ST-ZIP		Chang	e Addition	
NAME	MCHALE, JOHN J.		E DECEM	3.2 NAN				- Housiall	
STREET ADDRESS	ARRA TARRIALN TOLK			1	EET ADDRESS				
CITY - S1 - 20P	PUNTA GORDA FL				Y-ST-ZIP				
TiT: E			DELETE	4 1 TITL			Chang	6 Addition	
NAME				4. 2 NA	VIE I				
STREET ADDRESS				4.3 STR	EET ADDRESS			Į	
CITY - ST - 7(F		···-		4.4 CIT	r-ST-ZIP		···		
TITLE			☐ DELETE	5.1 1(1)	E		☐ Chang	e Addition	
NAME				5.2 NAM	(E				
STREET* ADDRESS				5.3 STA	EET ADDRESS				
C TY - ST - ZiP			Christs		1-5T-ZIP		По	. 4.336	
TITLE			DELETE	6.1 TITL	]		Chang	e 🗌 Addition	
NAM!				6.2 NAM	EET ADDRESS				
STREET ADDRESS	1			■ OJSIN	CC1 MUDMESS				

64 CITY-ST-ZIP 14. Ido 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 atyaniment with an address.

SIGNATURE:

**FILED** 

Apr 15 1997 8:00am

Secretary of State