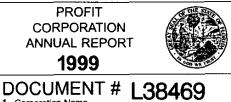
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

SUN SYSTEMS FINANCIAL CORPORATION

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90185 042 ***150.00

|--|

Principal Place	of Business	Mailing Address						
1901 TAMIAMI TRAIL PUNTA GORDA FL 33950 PUNTA GORDA FL 33950					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 12/27/1989			
2. Principal PI	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			65-0178987		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & State	•	City & State			Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees	
Zip	Country	Zip Co	untry		8. This corporation owes the current year Ir	ntangible	1	
24	25	29 30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Registered Agent	\prod		10. Name and Address of New Registered	I Agent		
			81	Name				
	PENSTINE, ROBERT B		82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
1901 TAMIAMI TRAIL				0.0000000000000000000000000000000000000				
PUN	TA GORDA FL 33950		83				}	
			84	City		. 85 Zi	ip Code	
				•	Fi	L		
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					0.17			
	Signature, typed or printed name of registered agent			t signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIDEC	TORS IN 12	
12.	OFFICERS AND		TITLE		ADDITIONS/CHANGES TO OFFICERS A	Chang		
ΠπLE	- '							
NAME	HELPHENSTINE, ROBERT B.		NAME					
STREET ADDRESS	1901 TAMIAMI TRAIL			ADDRESS			}	
CITY-ST-ZIP	PUNTA GORDA FL		CITY-ST	-ZIP		Chang	ge Addition	
TITLE	DST	-	TITLE			[_] Ondarig	ic [] Addition	
NAME	HELPHENSTINE, JOANN P.		NAME					
STREET ADDRESS	1901 TAMIAMI TRAIL			ADDRESS		ŧ	[
CITY-ST-ZIP	PUNTA GORDA FL		CITY-SI	T-ZIP		[] Chang	e Addition	
TITLE		-	TITLE					
NAME			NAME					
STREET ADDRESS		1		ADDRESS				
CITY-ST-ZIP		pre-	CITY-ST	1-ZIP		Chang	e Addition	
TITLE		-				.		
NAME			NAME	ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP		454	CITY-ST TITLE	-414		Chang	ge Addition	
TITLE			NAME					
NAME		i		ADDRESS			ł	
STREET ADDRESS			CITY-ST	ì			}	
CITY-ST-ZIP			TITLE			Chang	ge Addition	
TITLE			NAME			டு சான்ற	,	
NAME				ADDRESS				

14. I 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 oftanged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP