

FILED



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

May 13 1997 8:00am
Secretary of State

(5)

1. Corporation Name
OMNI SUN CORPORATION

Principal Place of Business
1601 BISCAYNE BLVD. #231
MIAMI FL 33132

Mailing Address
2333 BUTLER BAY DRIVE N.
WINDERMERE FL 34786-6109
IIS



3. Date Incorporated or Qualified 12/20/1989	3a. Date of Last Report 04/26/1996
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2. Principal Place of Business		2a. Mailing Address	
21	418 Crofton Dr Suite, Apt. #, etc.	26	418 Crofton Dr Suite, Apt. #, etc.

22	City & State	27	City & State
23	00000 FL	28	00000 FL

24	Zip	Country	25	Zip	Country
	34761			34761	

4. FEI Number 59-2895796	Applied For
	Not Applicable

6. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STANDLEE, JOAN
418 CROFTON DRIVE
OCFEE FL 34761

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	85 Zip Code

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 reinstalling)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	1.2 NAME	
STREET ADDRESS	STANDLEE, JOAN	1.3 STREET ADDRESS	418 Crofton Dr
CITY-ST-ZIP	2333 BUTLER BAY DRIVE N	1.4 CITY-ST-ZIP	06022 FI 34761
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	500002188595
CITY-ST-ZIP		6.4 CITY-ST-ZIP	-05/22/97--01107--006
			***495 00

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SENDER, OFFICER OR DIRECTOR

_____ Nat

Daytime Phone #

CR2E034 (9/96)