

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

FILED  
Feb 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L48061 (0)  
1. Corporation Name  
SUNICE, INC.

Principal Place of Business  
2037 POLO GARDEN DR.  
WELLINGTON FL 33414

Mailing Address  
2037 POLO GARDEN DR.  
WELLINGTON FL 33414



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10051 Forest Hill Blvd Suite, Apt. #, etc. 22		2a. Mailing Address 26 10051 Forest Hill Blvd Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 02/02/1990	
23 City & State Wellington, FL 24 Zip 33414		28 City & State Wellington, FL 29 Zip 33414		4. FEI Number 65-0172686 Applied For Not Applicable	
25 Country USA		30 Country USA		5. Certificate of Status Desired \$8.75 Additional Fee Required	
23 City & State Wellington, FL 24 Zip 33414		28 City & State Wellington, FL 29 Zip 33414		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
25 Country USA		30 Country USA		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CRANE, ROBERT L. 515 NO FLAGLER DR 18TH FLOOR NORTHBRIDGE TOWER, W. PALM BEACH WEST PALM BEACH FL 33401				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RYAN, EDWARD M.			1.2 NAME			
STREET ADDRESS	1082 BOWER HILL RD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	PITTSBURGH PA			1.4 CITY-ST-ZIP			
TITLE	DST	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOVE, TERRY F.			2.2 NAME			
STREET ADDRESS	3901 WASHINGTON RD, #301			2.3 STREET ADDRESS			
CITY-ST-ZIP	MCMURRAY PA			2.4 CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROTHENBERG, KARINA			3.2 NAME			
STREET ADDRESS	2037 POLO GARDEN DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	WELLINGTON FL			3.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KALLAND, DENISE			4.2 NAME			
STREET ADDRESS	1750 N FLORIDA MANGO			4.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL			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			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 changed, or on the new block.

SIGNATURE:

Denise Kalland  
Denise Kalland

2/16/98

CR2E034 (10/97)