FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

L71933

(0)

DOCUMENT #

1. Corporation Name

SUNSETS POINT INVESTMENTS, INC.							
Principal Place of Business C/O RICHARD H. BROWN 300 BAY PLAZA	Mailing Address C/O RICHARD H. BROWN 300 BAY PLAZA TREASURE ISLAND FL 33706						
TREASURE ISLAND FL 33706		THE AGONE TO EARLY TE SOUND			3. Date Incorporated or Qualified 05/08/1990	3a. Date of Las 03/03/1	1995
2. Principal Place of Business	⊢	a. Mailing Address BOX 36	6		4. FEI Number 59-3013993		Applied For Not Applicable
Suite, Apt. #, etc.	7031700017070	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 .	.75 Additional ee Required
Orty & State	10NMAR10 28	City & State					5.00 May Be dded to Fees
$\frac{1}{2^{10}} \frac{1}{10000} \frac{1}{100000} \frac{1}{100000} \frac{1}{100000} \frac{1}{1000000} \frac{1}{10000000} \frac{1}{10000000000000000000000000000000000$	COUNTRY ADA 25	Zip VallIC3	Cour		1.0	□ No	
9. Name and	Address of Current Reg	1			10. Name and Address of New F	Registered Agent	
				81 Name			
				82 Street Addr	ress (P.O. Box Number is Not Acceptat	ole)	
300 BAY PLAZA TREASURE ISLAND 33706				83			
(1) 10 10 10 10 110 001				84 City		E1 85	Zip Code
					called a devite this statement for the pu	FL mose of changing	its registered office
			s, the abored by the c	re named corpor orporation's boa	ration submits this statement for the pu and of directors. Thereby accept the app	ointment as regist	ered agent. I am
familiar with, and accept the	obligations of, Section 60	RICHARD (NOT		•	PRESIDENT.	FEB 1	6.1986
SIGNATURE Signature, typed or print	so name of registered agent and till			Agant's grudure remine	Contract to the contract of		
12.	OFFICERS AND DIF	RECTORS DELETE	13.		ADDITIONS/CHANGES TO OFF	CERS AND DIRE	
NAME MOORE, RIC	HYDU H		1.2 NA				• -
DDC DI EACA				REFT ADDRESS			
LINDSEV ON				TY-ST-ZIP			
TITLE ST	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	2.17			☐ Cha	ange 🔲 Addition
NAME MOORE,SAN	idra L.		22 N	iME			
STREET ADDRESS RR6 PLEASA			2351	REET ADDRESS			
CITY-ST-ZIP LINSEY ONT	ARIO		240	1Y - ST - ZUF			- Flatting
TITLE		☐ DELETE	3 17	ne l		Cha	ange
NAME			3 2 N	i			
STREET ADORESS				TREET ADDRESS			
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NAME			4.2 N				
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CITY-ST-ZIP		DELETE	5 1 T	ITY-ST-ZIP		☐ Ch.	ange 🔲 Addition
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NAMÉ OXSERVIDORESO				TREET ADDRESS			
STREET ADDRESS				11Y - \$1 - ZIP			
CITY-ST-ZIP		DELETE	6 1 1			☐ Ch	ange Addition
TITLE			621				
NAME CIDGET ADDRESS				TREET ADDRESS			
STREET ADDRESS			640	ITV-51-71P			
CITY-ST-ZIP	information supplied with	this filing is valuntarily furn	nished and	does not qualify	for the exemption stated in Section 11	9.07(3)(k), Florida	Statutes, I further

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(5)(k), Florida Statutes, I full of 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 FEB 16, 1996 705-328-2992 PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: