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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

M18508 **DOCUMENT #** 

(5)

SOFT SUN INC.

1. Corporation Name



Principal Place of Business Mailing Address									
8250 STATE	ROAD 84	8250 STATE ROAD	84						
#84 Davie Fl 33324		#84 DAVIF FL 33324	DAVIE FL 33324			Date Incorporated or Qualified			
ONTIL TE OU	····	<b>\$</b>				3. Date Incorporated or Qualified 07/26/1985		of Last Re 3/09/199	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number			pplied For
21		26				59-2558721			tot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	See Required		
City & State	9	City & State	City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip	Country 25	Ζφ. <b>29</b>	n ' hn			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes You			
	g Name and Address of Cur			Γ		10. Name and Address of New A	egistered	Agent	
	<b>3</b> .			81	Name				
VICANIE	AU, KENNETH			62	Charles Add	ess (P.O. Box Number is Not Acceptab			
6951 W. WEDGEWOOD AVENUE				02	Street Audi	Addiess (c.o. pos marripo to troi mossipione)			
DAVIE FL 33331				83					
				84	City			85 Zig	Code
					- ,	ration submits this statement for the pur	FL		
SIGNATURE	Signature Appeld or periods the cit registrated	inlell		y Age		and submits this statement of the proof of directors. Thereby accept the aport of the proof of t	DAIL		
12.	PD	AND DIRECTORS				ADDITIONS/OFFANGES TO OTT		Change	Addition
TITLE	VIENNEAU, KENNETH J.		121						_
NAME CARELLA ADDRESS	6951 WEST WEAGEWOO	ID AVE			r address				
STREET ADDRESS	DAVIE FL	DATE			S1 - ZIP				
TITLE				mue	:::		[	Change	nertibbA 🔲
NAME		_	221	3MAV					
STHEET ADDRESS			235	STREE	I ADORESS				
CITY-ST-ZIP			240	CITY 4	ST-ZIF				
THE		☐ DELETE	3 1	7:1LE			ſ	Change	Addition
NAME			321	NAME					
STREET ADDRESS			33	STREE	:LADDRESS				
C TY - ST - Z:P					ST-7IF			Change	☐ Additor
TITLE		☐ DELETE		THE				T CHAUGE	Addition
NAME				NAME					
STREET ADDRESS			4.3	STREE	LADDRESS				

6.4 CHY - ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), 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 early, 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. CITY - S1 - ZIP

44 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - \$1 - 70°

5 1 TOLE

5.2 NAME

6 1 T TLE

6.2 NAME

**SIGNATURE:** 

CHY ST ZIP

STREET ADDRESS

STREET ADDRESS

City-ST-ZP

TITLE

NAME

THILE

NAME

ONING OFFICER ON DIRECTOR L'ICHNEAU 3-4-96 954-454-5255

DELETE

DELETE

Change

Change

Addition

Addition

CR2E034 (12/95)