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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Sccretary of State

	1996		D D	IVISION OF C	CORPORATI	ONS				
DOCUI 1. Corporation	MENT #	M776	44	(6)						
SUN	CO DEVELOPI	MENT, INC.								
							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			ANDA BUAN BUAN NAGA
Principal Place	of Business		Mailing Addr	ess						
C/O WILLIAM V. GROFF 661 PELICAN BAY DRIVE			C/O WILLIAM V. GROFF							
	BEACH FL 32119			ICAN BAY DR IA BEACH FL						
				02/10/11/2	OL TIV		 Date Incorporated or Qualified 04/21/1988 	3a. Dat	e of Last F	•
	ace of Business		2a. Mailing A	ddréss			4. FEI Number		05/01/	Applied For
Suite, Apt. i	4 eta		26				59-2888620		<u> </u>	Not Applicable
22	H, etc.		Suite, Ap	t. #, etc.			5. Certificate of Status Desired			5 Additional
City & State	I		City & Sta	ate			6. Election Campaign Financing	·		Required
23			28				Trust Fund Contribution			00 May Be ed to Fees
Zip 24	} —.¬	untry	Zφ		Country		8. This corporation has liability for	r intangible ta		
<u></u>	9. Name and Ad	dress of Current	29 Registered Age	nt [30	·	Florida Statutes	s ∐No		
			negistered Age		81	Name	10. Name and Address of New	Registered	Agent	
GROF	F, WILLIAM V.				-					
	ELICAN BAY DRIV	Æ			82	Street Add	ress (P.O. Box Number is Not Accepta	ble)		
DAYTO	DNA BEACH FL 3	2119			83					
					84	City			85 Zij	p Code
									165 4.9	b Code
11. Pursuant to	the provisions of Se	ections 607 0502 a	ind 607 1508 Fto	vida Ctatutaa	the share -			FL	. `	<u> </u>
11. Pursuant to or registere familiar with	o the provisions of Seed agent, or both, in	ections 607,0502 at the State of Florida	ind 607,1508, Flo	orida Statutes, as authorized	the above-n		ration submits this statement for the pure of directors. I hereby accept the app		. `	egistered office
tamılar witi	o the provisions of Si ed agent, or both, in h, and accept the ob	ections 607,0502 a the State of Florida digations of, Section	ind 607,1508, Flo i. Stich change w n 607.0505, Florid	orida Statutes, as authorized da Statutes.	the above-n by the corpo		ration submits this statement for the pure of directors. I hereby accept the app		. `	registered office l agent. I am
signature _	o the provisions of Sied agent, or both, in h, and accept the ob-	oligations of, Section	n 607.0505, Florio	da Statutes.	Flogistered Agent	named corpor pration's boar	ration submits this statement for the part of directors. I hereby accept the app		. `	egistered office i agent. I am
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The three requirements are report is true and accurate and that my signature shall have the same legal effect as if made under the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name tachment with an address. appears in Block 12 or Block

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)