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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **M78403** **(6)**

1. Corporation Name
SUNSET ISLAND CORPORATION

Principal Place of Business
POST OFFICE BOX 10000
CRYSTAL RIVER FL 34423
US

Mailing Address
POST OFFICE BOX 10000
CRYSTAL RIVER FL 34423
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/28/1988

4. FEI Number
59-2890340
[ ] Applied For
[ ] Not Applicable

5. 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 owes or has paid the current year Intangible Personal Property Tax due June 30. [X] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 — Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 — Country 30

9. Name and Address of Current Registered Agent

CARMAN, JAMES W
6142 W CORPORATE OAKS DR
CRYSTAL RIVER 34429

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

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 _______ (NOTE: Registered Agent signature required when reinstating) DATE _______

12. OFFICERS AND DIRECTORS

TITLE	STD	[ ] DELETE
NAME	OLSEN, ELIZABETH M.	
STREET ADDRESS	6142 W CORPORATE OAKS DR	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	PD	[ ] DELETE
NAME	OLSEN, STANLEY C.	
STREET ADDRESS	6142 W CORPORATE OAKS DR	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE		[ ] Change [ ] Addition
1-2 NAME		
1-3 STREET ADDRESS		
1-4 CITY-ST-ZIP		
2-1 TITLE		[ ] Change [ ] Addition
2-2 NAME		
2-3 STREET ADDRESS		
2-4 CITY-ST-ZIP		
3-1 TITLE		[ ] Change [ ] Addition
3-2 NAME		
3-3 STREET ADDRESS		
3-4 CITY-ST-ZIP		
4-1 TITLE		[ ] Change [ ] Addition
4-2 NAME		
4-3 STREET ADDRESS		
4-4 CITY-ST-ZIP		
5-1 TITLE		[ ] Change [ ] Addition
5-2 NAME		
5-3 STREET ADDRESS		
5-4 CITY-ST-ZIP		
6-1 TITLE		[ ] Change [ ] Addition
6-2 NAME		
6-3 STREET ADDRESS		
6-4 CITY-ST-ZIP		

CR2E034 (10/97)

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 report or supplemental 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 address.

SIGNATURE: Stanley C Olsen 4/29/98 (352)7464000