

4-24-97 B 5409 C
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FILED
Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N39819** (0)
1. Corporation Name
SUNBEAM CENTER COMMERCIAL PARK ASSOCIATION, INC.

Principal Place of Business 11221-1 ST. JOHNS IND PKWY JACKSONVILLE FL 32216 US	Mailing Address 11221-1 ST. JOHNS IND PKWY 8 JACKSONVILLE FL 32246-6678 US
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2. Principal Place of Business 21 9595 Sunbeam Center Dr. Suite, Apt #, etc. 22 City & State 23 Jacksonville, FL Zip 24 32257	2a. Mailing Address 25 9595 Sunbeam Center Dr. Suite, Apt #, etc. 26 City & State 27 Jacksonville, FL Zip 28 32257 Country 29 US
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3. Date Incorporated or Qualified 09/07/1990	3a. Date of Last Report 04/30/1996
4. FEI Number 59-2909268	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LAMB, EDWARD
11221-1 ST. JOHNS IND. PKWY S
JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent

81 Name Tommy Caswell
82 Street Address (P.O. Box Number is Not Acceptable) 9595 Sunbeam Center Dr.
83
84 City Jacksonville
85 Zip Code FL 32257

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	LAMB, EDWARD	
STREET ADDRESS	11221-1 ST. JOHNS IND PKWY S	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	CASWEL, TOMMY	
STREET ADDRESS	9595 SUNBEAM CENTER DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BERGHOEFFER, JOYCE	
STREET ADDRESS	9601 SUNBEAM CENTER DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ECHT, BERNARD I	
STREET ADDRESS	9612 SUNBEAM CENTER DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRIS, DAVIE	
STREET ADDRESS	9624 SUNBEAM CENTER DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOONEYHAN, MARK	
STREET ADDRESS	1121 POLOLEE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Caswell, Tommy
1.3 STREET ADDRESS	9595 Sunbeam Center Dr.
1.4 CITY-ST-ZIP	Jacksonville, FL 32257
2.1 TITLE VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Berghoefer, Joyce
2.3 STREET ADDRESS	9601 Sunbeam Center Dr.
2.4 CITY-ST-ZIP	Jacksonville, FL 32257
3.1 TITLE D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Melissa Lee
3.3 STREET ADDRESS	11221-1 St. Johns Ind. Pkwy. S.
3.4 CITY-ST-ZIP	Jacksonville, FL 32246
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Matson, Steve
4.3 STREET ADDRESS	9654 Sunbeam Center Dr.
4.4 CITY-ST-ZIP	Jacksonville, FL 32257
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-97

904-262-6601

Date

Daytime Phone # 0000000

CR2E037 (9/96)