SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P92000005797 (5)

1. Corporation Name

SUN HOMES OF THE PALM BEACHES, INC.

Principal Place of Business
1419 LANDS END RD
MANALAPAN FL 33462

Mailing Address
1419 LANDS END RD
MANALAPAN FL 33462

3. Date Incorporated or Qualified: 11/18/1992
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 201 E. Ocean AVenue	26 201 E. Ocean Avenue
Suite, Apt #, etc: 22 # 7	Suite, Apt #, etc: 27 # 7
City & State: 23 Lantana, Florida	City & State: 28 Lantana, Florida
Zip: 24 33462 — Country: 25 USA	Zip: 29 33462 — Country: 30 USA

4. FEI Number: 65-0365339 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E VIRGINIA ST
SUITE 1
TALLAHASSEE FL 32301

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	DE-POLI, CAROLINE	1.2 NAME	
STREET ADDRESS	1419 LANDS END RD	1.3 STREET ADDRESS	201 E. Ocean Ave. #7
CITY-ST-ZIP	LANTANA FL 33462	1.4 CITY-ST-ZIP	Lantana, Florida 33462
TITLE	D ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	HANHIROVA, ERIC	2.2 NAME	
STREET ADDRESS	1419 LANDS END RD	2.3 STREET ADDRESS	201 E. Ocean Ave. #7
CITY-ST-ZIP	LANTANA FL 33462	2.4 CITY-ST-ZIP	Lantana, FL 33462
TITLE	PS ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	LINDROOS, KARL	3.2 NAME	
STREET ADDRESS	1419 LANDS END RD.	3.3 STREET ADDRESS	201 E. Ocean Ave. #7
CITY-ST-ZIP	LANTANA FL 33462	3.4 CITY-ST-ZIP	Lantana, FL 33462
TITLE	PS ☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	LINDROOS, KARL	4.2 NAME	
STREET ADDRESS	1419 LSNDS END RD.	4.3 STREET ADDRESS	201 E. Ocean Ave. #7
CITY-ST-ZIP	LANYANA FL 33462	4.4 CITY-ST-ZIP	Lantana, FL 33462
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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 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.

SIGNATURE: ______ 08/05/96 (561)588-0095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Karl Lindroos