FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 10 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000005379 (1)**

1. Corporation Name
BUNWIN, INC.

Principal Place of Business	Mailing Address
7653 NW 79TH AVE. #214 TAMARAC FL 33321	PO BOX 30211 PALM BEACH GARDENS FL 33420 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
01/15/1993	03/17/1994

2. Principal Place of Business	2a. Mailing Address
21 1813 Imperial Palm Dr.	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Apopka, FL	City & State 28
Zip / Country 24 32712 / 25 US	Zip / Country 29 / 30

4. FEI Number: 65-0383064 ☐ 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	10. Name and Address of New Registered Agent
~~BARON, IRWIN~~ ~~7653 NW 79TH AVE. #214~~ ~~TAMARAC FL 33321~~	81 Name: S. A. TARR 82 Street Address (P.O. Box Number is Not Acceptable): 4521 PGA Blvd., 83: Suite 201 84 City: Palm Beach Gardens, FL 85 Zip Code: 33418

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: S.A. TARR - President — DATE: 4/3/95
Signature, if typed or printed name of registered Agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☑ Change ☐ Addition
NAME	BARON, IRWIN	1.2 NAME	
STREET ADDRESS	~~7653 NW 79TH AVE., #214~~	1.3 STREET ADDRESS	P.O. BOX 30211
CITY-ST-ZIP	~~TAMARAC FL 33321~~	1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33420
TITLE	PD	2.1 TITLE	☑ Change ☐ Addition
NAME	TARR, S. A	2.2 NAME	
STREET ADDRESS	~~7653 NW 79TH AVE., #214~~	2.3 STREET ADDRESS	P.O. BOX 30211
CITY-ST-ZIP	TAMARAC FL 33321	2.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33420
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: S.A. TARR — 4/3/95 — 407-622-3386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0430436 FP