

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000007248 (6)**

1. Corporation Name

SUN PROMOTIONS U.S., INC.

Principal Place of Business

**207 CLUB DRIVE - PGA
PALM BEACH GARDENS FL 33418
US**

Mailing Address

**% CRAIG KAHLE
2735 EMBASSY DR
W PALM BEACH FL 33401
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**KAHLE, CRAIG U
2735 EMBASSY DRIVE
WEST PALM BEACH FL 33401**

3. Date Incorporated or Qualified
01/25/1993

3a. Date of Last Report
04/24/1995

4. FEI Number
65-0381538

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

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 this 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 607.0504, Florida Statutes.

SIGNATURE

[Signature]

(If HE is signed Agent signature required when reinstating)

1/19/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PSD
RASSMANN, JURGEN**
STREET ADDRESS **207 CLUB DRIVE-PGA**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

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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 a 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 I am appointing with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96

Date

407-822-7995

Daytime Phone #

CR2E034 (12/95)