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May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000046565 (6)

1. Corporation Name  
SUN-LAKES (F.E.) MANAGEMENT INC.



Principal Place of Business  
1633 EAST VINE STREET  
SUITE 201  
KISSIMMEE FL 34744  
US

Mailing Address  
1633 EAST VINE STREET  
SUITE 201  
KISSIMMEE FL 34744-3705  
US

3. Date Incorporated or Qualified  
07/02/1993

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3198222	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	
Zip	Zip	Country	Country
24	25	29	30

9. Name and Address of Current Registered Agent

HAWKINS, TERENCE S  
215 KELLWOOD COURT  
KISSIMMEE FL 34743

10. Name and Address of New Registered Agent

81	Name	HAWKINS, TERENCE S
82	Street Address (P.O. Box Number is Not Acceptable)	2367 QUEENSWOOD CIRCLE
83		
84	City	KISSIMMEE
85	Zip Code	FL 34743

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S HAWKINS, JANE C	1.1 TITLE	
NAME	215 KELLWOOD COURT	1.2 NAME	
STREET ADDRESS	KISSIMMEE FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 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 officer or trustee authorized 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: \_\_\_\_\_ SIGNATURE REQUIRED: \_\_\_\_\_ DATE: 4/30/97

CR2E034 (9/96)