

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P93000048210 (7)** *4-24-96 B-4327-NC*

1. Corporation Name  
**SUNSATONAL SPORTS GROUP, INC.**



Principal Place of Business <b>23162 POST GARDENS #704 BOCA RATON FL 33433</b>	Mailing Address <b>23162 POST GARDENS #704 BOCA RATON FL 33433</b>
---	---

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	23. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	24. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	25. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	26. Mailing Address Suite, Apt. #, etc. City & State Zip Country	27. Mailing Address Suite, Apt. #, etc. City & State Zip Country	28. Mailing Address Suite, Apt. #, etc. City & State Zip Country	29. Mailing Address Suite, Apt. #, etc. City & State Zip Country	30. Mailing Address Suite, Apt. #, etc. City & State Zip Country
--	--	--	--	--	--	--	--	--	--

3. Date Incorporated or Qualified <b>07/09/1993</b>	3a. Date of Last Report <b>04/20/1995</b>
4. FEI Number <b>65-0429222</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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  
**EISNER, HENRIETTE  
23162 POST GARDENS  
#704  
BOCA RATON FL 33433**

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	<b>PD</b> <input type="checkbox"/> DELETE	1. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EISNER, HENRIETTE</b>	1. 2 NAME
STREET ADDRESS	<b>23162 POST GARDENS #704</b>	1. 3 STREET ADDRESS
CITY-ST-ZIP	<b>BOCA RATON FL</b>	1. 4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	2. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. 2 NAME
STREET ADDRESS		2. 3 STREET ADDRESS
CITY-ST-ZIP		2. 4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. 2 NAME
STREET ADDRESS		3. 3 STREET ADDRESS
CITY-ST-ZIP		3. 4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. 2 NAME
STREET ADDRESS		4. 3 STREET ADDRESS
CITY-ST-ZIP		4. 4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. 2 NAME
STREET ADDRESS		5. 3 STREET ADDRESS
CITY-ST-ZIP		5. 4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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)(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, 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: *Henriette Eisner* **Henriette Eisner** 4/15/96 (407) 3386565  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (12/95)