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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:34

DOCUMENT # **P93000078837 (0)**

1. Corporation Name
SUN RAY INN, INC.

Principal Place of Business	Mailing Address
~~809 N. FEDERAL HWY.~~ ~~LAKE WORTH FL 33460~~ 1114 N Federal Hwy Lake Worth, Fl. 33460	~~809 N. FEDERAL HWY.~~ ~~LAKE WORTH FL 33460~~ 1832 Pierce Dr. Lake Worth, Fl. 33460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/08/1993
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business	2a. Mailing Address
21 1114 N Fed. Hwy	26 1832 Pierce Dr.
Suite, Apt. #, etc. 22 Lake Worth,	Suite, Apt. #, etc. 27
City & State 23 Fl. 33460	City & State 28 Lake Worth,
Zip / Country 24 / 25 PalmBeach	Zip / County 29 Fl. 33460 / P.B.

4. FEI Number: 65-0122648 — 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

9. 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
~~ANTILA, MARTIN~~ ~~809 N. FEDERAL HWY.~~ ~~LAKE WORTH FL 33460~~ Wilhelm Siegmann 1832 Pierce Dr. Lake Worth, Fl. 33460	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 Section 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 _____ DATE
Signature, type or printed name of registered agent and the date of appointment — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVT	11 TITLE	President ☐ Change ☐ Addition
NAME	SIEGMANN, WILHELM	12 NAME	Siegmann, Wilhelm
STREET ADDRESS	809 N. FEDERAL HWY.	13 STREET ADDRESS	1832 (Rail) Pierce Dr.
CITY-ST-ZIP	LAKE WORTH FL 33460	14 CITY-ST-ZIP	Lake Worth, Fl. 33460
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	~~ANTILA, MARTIN~~	22 NAME	
STREET ADDRESS	~~809 N. FEDERAL HWY.~~	23 STREET ADDRESS	
CITY-ST-ZIP	~~LAKE WORTH FL 33460~~	24 CITY-ST-ZIP	
TITLE		31 TITLE	Officer ☐ Change ☐ Addition
NAME		32 NAME	Siegmann, Edeltraud
STREET ADDRESS		33 STREET ADDRESS	1832 Pierce Dr.
CITY-ST-ZIP		34 CITY-ST-ZIP	Lake Worth, Fl. 33460
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We 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 added to the report with an address.

SIGNATURE: _____ 03/27/95 407-533-5724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0870007 CP