FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000080271 (8)

SUN-TECH ASSOCIATES, INC. Principal Place of Business Mailing Address 8365 92 AVE 8365 92 AVE VERO BEACH FL 32967 VERO BEACH FL 32967 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/19/1993 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 21 26 65-0453317 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SACKETT, ROBERT H 8365 92 AVE 82 Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32967 83 84 City 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. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition 1.1 TITLE TITLE SACKETT, ROBERT H NAME 1.2 NAME 8365 92 AVE STREET ADDRESS 1.3 STREET ADDRESS VERO BEACH FL CITY-ST-ZIP 1.4 CITY+ST-ZIP DELETE Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-7IP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE __ Change Addition TITLE 4.1 TOLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition 61 TITLE NAME 6 2 NAME

14. Thereby 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 suppliemental 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 altrachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

2 N. S. Pre

ROBERT H SACIUD

4/2/98 161189388

FILED

Apr 07 1998 8:00am

Secretary of State