

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000011266 (1)

1. Corporation Name

SUN/SEA ENTERPRISES, INC.



Principal Place of Business

16002 HAMPTON VILLAGE DR.
TAMPA FL 33618
US

Mailing Address

16002 HAMPTON VILLAGE DR.
TAMPA FL 33618
US

2. Principal Place of Business

21 **13 MAGNOLIA AVENUE**

Suite, Apt. #, etc.

2a. Mailing Address

26 **13 MAGNOLIA AVENUE**

Suite, Apt. #, etc.

22 City & State

23 **YANKEETOWN, FL**

Zip

24 **34498**

County

27 City & State

28 **YANKEETOWN, FL**

Zip

29 **34498**

Country

30

9. Name and Address of Current Registered Agent

SILVERSTONE, LINDA J
16002 HAMPTON VILLAGE DR.
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name **LINDA J. SILVERSTONE**

82 Street Address (P.O. Box Number is Not Acceptable)

13 MAGNOLIA AVENUE

83

84 City

YANKEETOWN

FL

Zip Code **34498**

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 resuming)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERSTONE, BARRY		1 2 NAME	
STREET ADDRESS	16002 HAMPTON VILLAGE DR.		1 3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		1 4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTONG, THOMAS E		2 2 NAME	
STREET ADDRESS	9740 E. DEEPWOODS DR.		2 3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL		2 4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERSTONE, GREGORY D		3 2 NAME	
STREET ADDRESS	63 N. YELLOW HAMMER DR		3 3 STREET ADDRESS	
CITY-ST-ZIP	INGLIS FL		3 4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERSTONE, LINDA J		4 2 NAME	
STREET ADDRESS	16002 HAMPTON VILLAGE DR.		4 3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		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 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 annual report with an address.

SIGNATURE: *Barry Silverstone* **Date:** *4/29/96* **Phone:** *(303) 447-3200*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)