FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000011384 (2)**

1. Corporate Name

SUNFLOWER RESIDENTIAL, INC.

Principal Place of Business

15200 STATE ROAD 7
DELRAY BEACH FL 33446

Mailing Address

15200 STATE ROAD 7
DELRAY BEACH FL 33446

3. Date Incorporated or Qualified: **02/07/1994**

3a. Date of Last Report: **03/31/1995**

4. FEI Number: **65-0466861**

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City, & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City, & State
28
Zip 29 County 30

8. Is this corporation filing for an eligible tax under s. 193.032 Florida Statutes? [X] Yes [ ] No

9. Name and Address of Current Registered Agent

FASH, WILLIAM J
15200 STATE ROAD 7
DELRAY BEACH FL 33446

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box No. only is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 Florida Statutes, the foreign profit corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The street address of the registered office and the name of the registered agent are typed below. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505 Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR DATA

TITLE	D	[ ] DELETE
NAME	FASH, WILLIAM J	
STREET ADDRESS	15200 STATE ROAD 7	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	D	[ ] DELETE
NAME	FASH, DOUGLAS	
STREET ADDRESS	15200 STATE ROAD 7	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	D	[ ] DELETE
NAME	BEDELL, SCOTT	
STREET ADDRESS	15200 STATE ROAD 7	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS DATA

1. TITLE		[ ] Change [ ] Addition
1. NAME		
1. STREET ADDRESS		
1. CITY-ST-ZIP		
2. TITLE		[ ] Change [ ] Addition
2. NAME		
2. STREET ADDRESS		
2. CITY-ST-ZIP		
3. TITLE		[ ] Change [ ] Addition
3. NAME		
3. STREET ADDRESS		
3. CITY-ST-ZIP		
4. TITLE		[ ] Change [ ] Addition
4. NAME		
4. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE		[ ] Change [ ] Addition
5. NAME		
5. STREET ADDRESS		
5. CITY-ST-ZIP		
6. TITLE		[ ] Change [ ] Addition
6. NAME		
6. STREET ADDRESS		
6. CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing complies with the applicable requirements of Section 607.1501 Florida Statutes. I further certify that the information indicated on this report or supplemental 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.

SIGNATURE: ✓ *William J. Fash* ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM J. FASH

Date

CR2E034 (12/95)