SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.

AMOUNT DUE ON OR BEFORE 8/7/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION **ANNUAL REPORT** 

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P94000018513 (9)

SUN ENERGY PRODUCT OF N.A., INC.

## **FILED** Jul 18 1996 8:00am Secretary of State



Fillioparriace	3 Or DOSINOSS	Mailing Address				
4410 N. STATE RD. 7 P.O. BOX 9874 BLDG. J-111 FT. LAUDERDALE FL 33319			1310			
FI CHOCENDALE PE 33318					3. Date Incorporated or Qualified 03/04/1994	3a. Date of Last Report 01/18/1995
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26			65-0477959	Not Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		C. Certinoate of Status Boundary	Fee Required	
City & State	1	City & State	h		6. Election Campaign Financing	55.00 May Be
23		28		Trust Fund Contribution	Added to Fees	
Zip 24	Country 25	Z(p 29	29 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No	
	9. Name and Address of Curre	ent Registered Agent		···	10. Name and Address of New Re	gistered Agent
AP	PEL, A M		81	Name		
4410 N. STATE RD. 7			82	Street Ad	ddress (P.O. Box Number is Not Acceptab	le)
	DG. J-111				· · · · · · · · · · · · · · · · · · ·	
	LAUDERDALE FL 33319		83			
			84	City		FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.05	02 and 607, 1508, Florida Statute	es, the above	-named co	rporation submits this statement for the pu	roses 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.						
	A mucho	Topel	niga Olatotoo			
SIGNATURE	Signature, typed or printed name of registered a	perit and title if applicable. (NOT	E: Registered Age	nt signature re	quired when reinstating)	DATE
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE			Change Addition
NAME	APPEL, MICHAEL		1.2 NAME			
STREET ADDRESS 4410 N. STATE RD. 7, #111			1.3 STREET	ADDRESS		
CITY-ST-ZIP FT LAUDERDALE FL			1.4 CITY-ST-ZIP			ļ
TITLE	DELETE		2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP	ST-ZIP		2.4 CITY - ST-ZIP			
TITLE	DELETE		3.1 TITLE			Change Addition
NAME			3.2 NAME			1
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY - 5	ST-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
City-St-ZIP			4.4 CITY - S	7-ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5 2 NAME			ſ
STREET ADORESS			5.3 STREET	ADDRESS		ļ
CITY-ST-ZIP			5.4 CITY - S	T- <b>Z</b> IP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - S	T-ZIP		
14. I do hereb	y certify that the information supplied	ed with this filing is voluntarily fur			alify for the exemption stated in Section 1	19.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or an attachment with an address.