SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $278 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL -7 AM 9:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000057360 (7)**

1. Corporation Name

SUN HAVEN OF AVENTURA, INC.

Principal Place of Business	Mailing Address
265 SOUTH FEDERAL HWY. SUITE 162 DEERFIELD BEACH FL 33441	265 SOUTH FEDERAL HWY. SUITE 162 DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/03/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 7040-2 W. Palmetto Park	26 7040-2 W. Pametto Park
Suite, Apt. #, etc. 22 Suite 388 RD.	Suite, Apt. #, etc. 27 Suite 388 RD.
City & State 23 Boca Raton, Fl.	City & State 28 Boca Raton, Fl.
Zip / Country 24 33433 / 25 Palm Beach	Zip / Country 29 33433 / 30 Palm Beach

4. FEI Number: 65- 0560471 ☐ 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

8. 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
HINDMAN, ELLIOT D 265 S. FEDERAL HWY. SUITE 182 DEERFIELD BEACH FL 33441	81 Name: Janeth Brody 82 Street Address (P.O. Box Number is Not Acceptable): 7040-2 Palmetto Park Rd. 83 Suite 388 84 City: Boca Raton FL 85 Zip Code: 33433

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: _____ President JANETH R. BRODY 6-30-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	1.1 TITLE	DPT	☒ Change ☐ Addition
NAME	HINDMAN, ELLIOT D	1.2 NAME	Brody, Janeth	
STREET ADDRESS	265 S. FEDERAL HWY., SUITE 182	1.3 STREET ADDRESS	7040-2 W.Palmetto Pk. Rd.Suite388	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	1.4 CITY-ST-ZIP	Boca Raton, Fl. 33433	
TITLE	DVS	2.1 TITLE	DVS	☒ Change ☐ Addition
NAME	COFFIN, ANN	2.2 NAME	Brody, Oscar	
STREET ADDRESS	265 S. FEDERAL HWY., SUITE 182	2.3 STREET ADDRESS	7040-2 W.Pametto Pk. Rd. Suite 388	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	2.4 CITY-ST-ZIP	Boca Raton Fl. 33433	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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 on an attachment with an address.

SIGNATURE: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JANETH R. BRODY

Daytime Phone #

0000214 CP