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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P94000061193 (6)

SUN APPRAISAL, INC.

FILED May 07 1997 8:00am Secretary of State

Principal Place 11439 KIDD LA PALM BEACH (Mailing Address 11439 KIDD LANE PALM BEACH GARDENS FL	33410-3414				18 18 18 18 18 18 18 18		
<u> </u>				3.	Date Inco 08/15/1	rporated or Qualifie		e of Last Re 0/1996	aport .
	ace of Business	2a. Mailing Address		4.	FEI Numb	ner		Ap	plied For
21 23 / Suite, Apt	15 EOWARD RD	26 23/5 EOWA	eo KD.		65-06			\$8.75 A	t Applicable
22	.,	27		6.	Certificate	e of Status Desired		Fee Re	
City & State		City & State	4 4 4 4 - 14	6.		ampaign Financing		\$5.00	
23 PAL	M B CACH CARDEN	ZIP BEACH O	Country Country	-		d Contribution oration has liability f	or intendible t	Added to	
24 33	410 25 PALM BEAN		O PALM A	BENLY	Florida St	atutes	Yes 📜	No	100.001
	9. Name and Address of Current	Registered Agent	641 11		. Name an	d Address of New	Registered A	gent	
	erson, Rich 39 Kidd Lane		81 Na	me PEZ	Enjo	N. RICH			·
	82 Str		ddress (P.O. Box Number is Not Acceptable)						
FAL	M BEACH GARDENS FL 33410		83	23/3	64	0 4.00 /	ζυ		
			84 City				.··	85 Zip (Code
				PALM	BEAL	W CAMPE	رب FL		410
11. Pursuani t	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes f Florida, Such change was au	the above-nan	ned corporation s	n submits	this statement for the	e purpose of cept the appo	changing its	s registered registered
agent. I ar	egistered agent, or both, in the State o m familiar with, and accept to obligati	ons of, Section 607.0505, Flori	da Statutes.	00.00.0.00		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	41/201	4_	
SIGNATURE .	Signature, typed or printed name of ingistered agent	and tills it applicable (NOTE)	Registered Agent sign	sture required who	(noitetenias or		DATE	<u> </u>	
12.	OFFICERS AND		13.			S/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 12
THE	D	DELETE	1.1 TITLE	PI	0			Change	Addition
NAME	PETERSON, RICH		1.2 NAME	A	21CH	PETERS	en		
STREET ADDRESS	11439 KIDD LANE	***	1.3 STREET ADDRE	ss 2	315	EDWA			-33400
CHTY-ST-7IP	PALM BEACH GARDENS FL 334		1.4 CITY- ST- ZIP	P	gcm	BEACH	GARN		
TITLE		[] DELETE	2.1 TITLE	Ĭ			Į	Change	Addition
NAME			2.2 NAME	l					
STREET ADDRESS			2.3 STREET ADDRE	SS			1. 12		
CHY-S1-ZiP		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		,		·	Change	Addition
NAME		בין אנוניונ	3.1 HILE 3.2 NAME	}			'	J Change	L. J Addition
STREET ADDRESS			3.3 STREET ADDRE	:00					
1 1				:30					
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP					Change	Addition
NAME			4. 2 NAME				·		
STREET ADDRESS			4.3 STREET ADORE	SS					
CITY-SI-ZiP			4.4 CITY-ST-ZIP	1					
TITLE		☐ DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME				•		
STREET ADDRESS			5.3 STREET ADDRE	SS					
CITY - ST - ZIP			5.4 CITY-ST-ZIP						
11ftF		☐ DELETE	61 TITLE					Change	Addition
NAME			6 2 NAME						
STREET ADDRESS			6.3 STREET ADDRE	\$\$					
City-St-ZiP			6.4 CITY-ST-ZIP						
14. I do heret informatio	by certify that the information supplied in indicated on this annual report or su	with this filing does not qualify pplemental annual report is tru	for the exemption ie and accurate	on stated in Si and that my s	ection 119. signature st	07(3)(i), Florida Stat nali have the same l	utes. I further egal effect as	certify that if made unr	the der oath; that

14. I do hereby certify that the information supplied with fins filing does not quality 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.

CICNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Dayline Phone

0303485