

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra D. Worham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:47

DOCUMENT # P94000062687 (6)

1. Corporation Name
SUN & AMBIENTE, INC.

Principal Place of Business P.O. BOX 0358 LEHIGH ACRES FL 33970	Mailing Address P.O. BOX 0358 LEHIGH ACRES FL 33970
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/25/1994		3a. Date of Last Report	
4. FEI Number 65-0514633		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

2. Principal Place of Business 21		2a. Mailing Address 26		21. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		23. City & State		28. City & State		24. Zip		25. Country		29. Zip		30. Country	
9. Name and Address of Current Registered Agent										10. Name and Address of New Registered Agent									
BUTLER, GARY F HUMPHREY & KNOTT, P.A. 1625 HENDRY ST., SUITE 301 FORT MYERS FL 33901										81. Name									
										82. Street Address (P.O. Box Number is Not Acceptable)									
										83.									
										84. City									

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PR. ES., SEC., TREAS.	1. TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1. NAME DIETER SCHAEFER	1. STREET ADDRESS 1625 Hendry Street
STREET ADDRESS P.O. Box 0358, Lehigh Acres, FL	2. CITY - ST - ZIP Fort Myers, FL 33901	2. NAME	2. STREET ADDRESS
TITLE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME	2.3 STREET ADDRESS
NAME	2.4 CITY - ST - ZIP	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
STREET ADDRESS	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME	3.3 STREET ADDRESS
CITY - ST - ZIP	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
TITLE	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.1 TITLE	4.2 NAME	4.2 NAME
STREET ADDRESS	4.2 NAME	4.3 STREET ADDRESS	4.3 STREET ADDRESS
CITY - ST - ZIP	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	4.4 CITY - ST - ZIP
TITLE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME	5.3 STREET ADDRESS
NAME	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
STREET ADDRESS	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	5.4 CITY - ST - ZIP	6.2 NAME	6.2 NAME
TITLE	6.1 TITLE	6.3 STREET ADDRESS	6.3 STREET ADDRESS
NAME	6.2 NAME	6.4 CITY - ST - ZIP	6.4 CITY - ST - ZIP
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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **4/24/95**
Signature, typed or printed name of signing officer or director
DIETER SCHAEFER