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ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Apr 07 1997 8:00am

Secretary of State

DEUS AN HASTINGS 4/2/97 305-664-306

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000066280 (6)

sun Girls. Inc. Mailing Address Principal Place of Business 81904 OVERSEAS HIGHWAY **B1904 OVERSEAS HIGHWAY** ISLAMORADA FL 33036 ISLAMORADA FL 33036-3605 3. Date incorporated or Qualified 3a. Date of Last Report 08/30/1994 4. FEI Number <u>09/20/1996</u> 2. Principa: Place of Business 2a. Mailing Address Applied For 21 26 65-0515457 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \_\_\_ 23 28 Trust Fund Contribution Added to Fees Žιρ Country Ζφ Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HASTINGS, SUSAN 81904 OVERSEAS HIGHWAY Street Address (P.O. Box Number is Not Acceptable) 82 ISLAMORADA FL 33036 83 84 City **B**5 Zip Code 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 Ziate of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am tabilitar with, and accept the obligations of Section 607,0505, Florida Statutes. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. 96/6) DELETE 1.1 TITLE Change Addition 1010 HASTINGS, SUSAN NAME 1.2 NAME 87200 OVERSEAS HIGHWAY UNIT J2 STREET ADDRESS 1.3 STREET ADDRESS ISLAMORADA FL 33036 CITY ST ZIP 1.4 CITY - ST-ZIP DELETE THEF 2.1 TITLE Change Addition 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CHY-\$1-20P 2 4 CITY - ST - ZIP DELETE \_\_\_ Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST ZIP DELETE 4.1 TITLE Change Addition THE 4. 2 NAME MAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY ST-ZIP DELETE Change Addition Tille 51 Title NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TOUR NAMO 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP C(TY - ST - ZIP) 14. I do hereby certify that the information supplied with this filing 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 3 if changed, or on an attantiment with an address.