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

PROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socrelary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # **P9400071357** (5)

FILED Jan 30 1997 8:00am Secretary of State

SUNSET 12, INC. Principal Place of Business Mailing Address 380 BROAD AVENUE SOUTH 390 BROAD AVENUE SOUTH SUITE 200 NAPLES FL 33940 NAPLES FL 34102-7031				3. Date Incorporated or Qualified 3a. Date of Last Report				
	÷				09/26/1994		15/1996	
	Place of Business	2a. Mailing Add	ress		4. FEI Number			plied for
21		26			65-0522813			t Applicable
Suite, Apl	. #, etc.	Surte, Apt. #	, elc.		5. Certificate of Status Desired	XX	\$8.75 A	
22 City & Sta	ıto	City & State			S. Election Committee Committee			
23		28]			 Election Campaign Financing Trust Fund Contribution 		\$5.00 Added 1	
Zip	Country	Z(p)	Coun	try	8. This corporation has liability			
24	25	29	30		Florida Statutos	Yes [
	9. Name and Address of Curre				10. Name and Address of New	Registered	Agent	
PER	RRENOUD, DONALD J		8	Mame Rober	rt H. Goldberg			
390 BROAD AVENUE SOUTH				2 Street Add	dress (P.O. Box Number is Not Accept	otable)		
Sur	TE 200			11698	B Quail Village W	ay		
Naf	PLES FL 33940		18	13		_		
			<u> </u>	4 City			85 Zip (Code
				Naples		FL 34119		
SIGNATURE	Signatured or princed in a collection of a	ID DIRECTORS	(9)		rporation submits this statement for thation's board of directors. I hereby activities what reinstation. ADDITIONS/CHANGES TO OF	HAG		
TITLE	D	X 0	LLETE 1.1 THE				Change	LoitibbA
NAME	BENNETT, ROBERT C JR		1.2 NAN	N .				
STREET ADDRESS			13 STB	ET ADDRESS				
CITY-ST-ZIP	NAPLES FL 33942	·		- ST-74°			-	
TITLE	D	[_] n		f	Dir., V.P.,Sec,	Treas	, 🔀 Change	Addition
NAME	GOLDBERG, ROBERT H	UTF 400	2.2 NAV	I .	Goldberg, Robert	н.		
STREET ADDRESS	7040 PELICAN BAY BLVD., SU	JITE 102	•	TT ADDRESS	11698 Quail Vill	age Wa	ıy	
CITY-ST-ZIP	NAPLES FL 33962	X D			Naples, FL 34119			
TITLE	DESPENDING DONALD I	IX.I D	1	1			☐ Change	Addition
NAME OTOGET ADDOSES	PERRENOUD, DONALD J 390 BROAD AVENUE SOUTH,	200	3.2 NAM					
STREET ADDRESS	NAPLES FL 33940	200	L	FLADDRESS				
CHTY-ST-ZIP TITLE	D			r-St-ZIP			Change	Addition
NAME	BRABYN, PHILIP M	را ر	4.2 NA		Dir., President		ononys جے	/\date=\frac{1}{2}
STREET ADDRESS	DINA MOTE				Brabyn, Philip M	•		
CITY-ST-ZIP	NAPLES FL 33942				3700 Rum Row			
TITLE		D	!!E!E 5111/L		Naples, FL 34102 Dir.		Change	X Addition
NAME		_	5.2 NAN		Brabyn, Marian T		ŭ	
STREET ADDRESS					3700 Rum Row	•		
CITY-ST-ZIP					Naples, FL 34102			
TITLE		D	FLETE 61100		**************************************		Change	Addition
NAME	}		6.2 NAN	16				
STREET ADDRESS			63 SIP	EF1 ADURESS				
CITY-ST-ZIP			6.4 CP Y	'- S1 - 7 P				
4								

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 offect as if made under oath, that I am an officer or director of the control and 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 of Long to, or provide accument with an address.