

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
600 North West 11th Street, Tallahassee, Florida 32304-0001

FILED
SECRETARY OF STATE
CORPORATIONS
95 FEB 17 PM 3:20

DOCUMENT # P94000077369 (4)

SUNSET SPORT CORP.

Principal Office Name: 508 FRONT STREET KEY WEST FL 33040
 Mailing Address: 508 FRONT STREET KEY WEST FL 33040

3. Filing Date of this Report: 10/19/1994
 3a. Filing Date Report: 10/19/1994
 4. FEI Number: 65-0509377
 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. 191.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: KOHEN, AMOS, 508 FRONT STREET, KEY WEST FL 33040
 10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 NAME: KOHEN, AMOS	02 STREET ADDRESS: 508 FRONT STREET	03 CITY-ST-ZIP: KEY WEST FL 33040	<input type="checkbox"/> Change <input type="checkbox"/> Addition
04 NAME:	05 STREET ADDRESS:	06 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
07 NAME:	08 STREET ADDRESS:	09 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10 NAME:	11 STREET ADDRESS:	12 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13 NAME:	14 STREET ADDRESS:	15 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME:	17 STREET ADDRESS:	18 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 NAME:	20 STREET ADDRESS:	21 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME:	23 STREET ADDRESS:	24 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25 NAME:	26 STREET ADDRESS:	27 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME:	29 STREET ADDRESS:	30 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemption stated in Section 191.032, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature, as a director or officer, is made in good faith and in connection with the corporation or the receipt of funds empowered to issue this report as required by Chapter 191, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an affidavit with an address.

SIGNATURE: _____ 2/14/95