SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT FILLED SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 97 JUL 23 PH 2: 47 DOCUMENT # P95000000991 TO THE SUN INC. Principal Place of Business Mailing Address 3857 CAMINO REAL 3857 CAMINO REAL SARASOTA FL 34239 SARASOTA FL 34239 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 01/03/1995 04/29/1996 2. Principal Place of Business 21 3007 BAVS 2a. Mailing Address 4. FE! Number Applied For NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution П Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yos 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BLUE, DEBORAH J 1750 RINGLING BOULEVARD 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34236 000002250498-- -07/29/97--01054--027 83 ****165.00 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 heard 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** Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELFTE TITLE 1.1 TILLE Addition CAVALLARO, CYNTHIA A NAME 1.2 NAME 3857 CAMINO REAL 1,3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34239 CITY-ST-ZIP 1.4 City - \$1 - 7iP DELETE Change Addition TITLE 2.1 TOLE NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - \$1-7IP DELETE Change TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY-ST-ZIP 3.4 CHY-ST-ZIP DELETE Change TITLE Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY-ST-ZIP 4.4 CITY - ST - 7IP DELFTE Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-ST-ZIP DELETE TITLE Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-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 Biock 13 if changed, or on an attachment with an address.