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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P95000010357 (8)

SUN PARTS MANAGEMENT, INC.

Principal Place of Business Mailing Address 12280 NE 14TH AVENUE 12280 NE 14TH AVENUE **SUITE 2000** SUITE 2000 DO NOT WRITE IN THIS SPACE NORTH MIAMI FL 33161 NORTH MIAMI BEACH FL 33161 3. Date incorporated or Qualified 02/07/1995 2. Principal Place of Business 21 /6400 N.W. 22 A.e 4. FEI Number 2a. Mailing Address Applied For 16400 N.W. 25 Ave. NOT APPLICABLE Not Applicable **\$8.75** Additional 5. Certificate of Status Desired Ø Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name OSHEROFF, MARC A 12280 N.E. 14TH AVE. 82 Street Address (P.O. Box Number is Nor Acceptable) STE. 2000 83 N. MIAMI FL 33161 10 #203 84 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. OSHERUFF MARC SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. DELETE Change Addition TITLE 1.1 TITLE **OSHEROFF. MARC A** 1.2 NAME NAME 16400 N.W. 2nd Are Sale#203 **12280 NE 14TH AVENUE** 1.3 STREET ADDRESS STREET ADDRESS NORTH MIAMI BEACH FL 1.4 CHY-ST-ZIP CITY-ST-2IP Change DEFELE Addition TITLE 2 1 1 ITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET AUDRESS 3 4, DITY - \$1 - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE \_\_\_ Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 C/TY-ST-ZIP DELETE Change Addition 6.1 THILE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 armual 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 of the receiver or trustee empowered tensocute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.