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PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DOCUMENT # P95000020435 (0) SUNGLOW, INC. OF BOCA								
Principal Place of Business 5414 GRAND PARK PLACE BOCA RATON FL 33486		Mailing Address 5414 GRAND PARK PLACE BOCA RATON FL 33486						
						Date Incorporated or Qualified 03/13/1995	3a. Da	te of Last Report
Principal Place of Business Suite Apt. #, etc.		2a. Mailing Addiress 26	26			4. FEI Number	_,.[Applied For
22 City & Star		Suite, Apt. #, etc	27			5. Cortificate of Status Desired		\$8.75 Additional Fee Required
23 Zip	Country	City & State 28 Zip	28			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be
24	25 9. Name and Address of Cui	29	30 Countr	ry 		This corporation has liability for Florida Statutes Yes Name and Address of New I	s b arेNo	ax under s. 199.032
5414 GI BOCA F	ANN, RENATE RAND PARK PLACE RATON FL 33486 to the provisions of Sections 607.05 red agent, or both, in the State of Fi	302 and 607.1508. Florida Statu orida. Such change wus authori ecturi 607.0505, Florida Statute	83 84 84 85 86 86 87 88 88	Gity		(P.O. Box Number is Not Acceptal n submits this statement for the purdirectors. Thereby accept the app	FI	85 Zip Code anging its registered office
SIGNATURE	Signature, typed or protest name of expressed a		THE Registers: Age			inconstating	[M.F	· ·= · · · - ·
TITLE NAME STREET ADDRESS	O FROM O	OELETE	13. 1 1 TITLE 12 NAME	1 1 TITLE 12 NAME		ADDITIONS/CHANGES TO OFF FATE TEEN HAD 4 ELAND TARK	W [DIRECTORS IN 12 Change Addition
C-TY-ST-ZIP TIFLE NAME		DELFTE	1 4 0/11 - S 2 1 TITLE		211	OLD DOLD DIAT	A	Change Addition
STREET ADDRESS CITY-ST-ZIP			2.2 NAME 2.3 STREET 2.4 CITY - S		661	A soley lected LHHLD ECELO MELAND PHEL MELAND PHEL MEL MEL MEL MEL MEL MEL MEL M	LPL.	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3 4 0.1Y S 4 1 TITLE 4 2 NAME 4 3 STREET					Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	44 CITY - S 5 1 T/ILE 52 NAME ; 53 STREET.	ADDRESS	· · · · · · · · · · · · · · · · · · ·	8000018 9		Change Addition
TITLE NAME STREET ADDRESS		☐ DELETE	6.1 httl: 6.2 name 6.3 street /		·· <u>·······</u>	***200 <u>.00</u>		Change Addition
14. I do hereby certify that I	certify that the information supplied the information indicated on this an	with this filing is voluntarily fumi			lify for the	execution stated in Section 10 a	100	

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address

GNATURE:

SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chief the exemption stated in Section 19 or the exemption stated in Section 19 or the formation indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address

GNATURE:

SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chief Travel

Chief T

SIGNATURE: