

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000035354 (6)

1. Corporation Name

SUN ON THE BEACH, INC.



Principal Place of Business

Mailing Address

530 CASSIA BLVD.
SATELLITE BEACH FL 32937

530 CASSIA BLVD.
SATELLITE BEACH FL 32937

2. Principal Place of Business

21 1753 AIA

Suite, Apt. #, etc

22

City & State

23 Satellite Bch FL

24 32937

25 Brevard

2a. Mailing Address

26 1753 AIA

Suite, Apt. #, etc

27

City & State

28 Satellite Bch FL

29 32937

30 Brevard

3. Date Incorporated or Qualified

05/05/1995

3a. Date of Last Report

4. FEI Number

59-331 - 3971

Applied For

Not Applicable

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. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HARBER, L.W.
530 CASSIA BLVD.
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and firm, if applicable

(NOTE: Registered Agent signature required when not existing)

Date:

12. OFFICERS AND DIRECTORS

TITLE D
NAME HARBER, LORAIN W
STREET ADDRESS 530 CASSIA BLVD.
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE D
NAME DEVARY, TERRY C
STREET ADDRESS 530 CASSIA BLVD.
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE D
NAME DEVARY, CHARLES R
STREET ADDRESS 530 CASSIA BLVD.
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary
1.2 NAME Anna Joe Ray
1.3 STREET ADDRESS 530 Cassia Blvd
1.4 CITY-ST-ZIP Satellite Bch, FL 32937

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lorraine W. Harber

6/11/96 407-259-7704

CR2E034 (3/96)