

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

FILED

May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000050603 (6)**

1. Corporation Name

FLORIDA U.S. SUNSET, INC.

Principal Place of Business

**904 LEE BLVD. STE 104
LEHIGH ACRES FL 33970**

Mailing Address

**POST OFFICE BOX 512
LEHIGH ACRES FL 33970**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/27/1995	
21	1000 LEE BLVD	26		4. FEI Number 65-0730196	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc. # 208	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State LEHIGH ACRES, FL	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 33936	25	Country USA	29	30
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent

**SEALCO GROUP, INC.
904 LEE BLVD. STE 104
LEHIGH ACRES FL 33970**

10. Name and Address of New Registered Agent

81	Name SEALCO GROUP, INC
82	Street Address (P.O. Box Number is Not Acceptable) 1000 LEE BLVD
83	Suite, Apt. #, etc. # 208
84	City LEHIGH ACRES
85	Zip Code FL 33936

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]
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/28/98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D WACK, ROSE B	1.2 NAME	
STREET ADDRESS	904 LEE BLVD. STE 104	1.3 STREET ADDRESS	1000 LEE BLVD #208
CITY-ST-ZIP	LEHIGH ACRES FL 33970	1.4 CITY-ST-ZIP	LEHIGH ACRES, FL 33936
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DPTS	2.2 NAME	
STREET ADDRESS	VON APPEN, ROLAND	2.3 STREET ADDRESS	1000 LEE BLVD #208
CITY-ST-ZIP	904 LEE BLVD., STE. 104	2.4 CITY-ST-ZIP	LEHIGH ACRES, FL 33936
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP	3.2 NAME	
STREET ADDRESS	APPEN, JACQUELINE V	3.3 STREET ADDRESS	1000 LEE BLVD #208
CITY-ST-ZIP	% 904 LEE BLVD, 104	3.4 CITY-ST-ZIP	LEHIGH ACRES, FL 33936
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/98

DATE

941/368-6160

DAYTIME PHONE #

0433729

CR2E034 (10/97)