		4 10 6995 (<u> </u>	 	
PROFIT CORPORATION ANNUAL REPORT 1996 FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Division of Corporations					
DOCUMENT # 1. Corporation Name SUN DIAL PROD		(7)		1 14 16 16 16 16 16 16 16 16 16 16 16 16 16	
Principal Place of Business 4989 GOLDEN GATE PARK NAPLES FL 33999		Mailing Address 4989 GOLDEN GATE PARKWAY NAPLES FL 33999		3. Date incorporated or Qualified 08/15/1995	3a. Date of Last Report
Principal Place of Busines 1	26			4. FEI Number 65-0624824	Applied For Not Applicable \$8.75 Additional
Suite, Apt. #, etc. 22 City & State	State, Apt #. 27 City & State 28	City & State		Certificate of Status Desired Certificate of Status Desired Certificate of Status Desired Trust Fund Contribution No Status Desired Trust Fund Contribution	\$5.00 May Be Added to Fees ntangible tax under s 199.032,
Z ₁ ρ 24 9, Name	Country Zip 25 29 29 and Address of Current Registered Agent	30 Gountr		Florida Statutes Yes 10. Name and Address of New R	∐ No
COOPER, STEVEN J 564 5TH AVENUE			81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83		
MARCO ISLAND F	ons of Sections 607,0502 and 607,1508, Flori	da Statutes, the above authorized by the co	4 City -named corporporation's boo	iration submits this statement for the purify of directors. I horeby accept the app	FL 85 Zip Gode ripose of changing its registered office pointment as registered agent. I am
Parting With Bills 6	cribe delta and compresent apent accepted facility allow	(N. Ha. Rhyjedener) A		Company of the Control of the Contro	DATE FICERS AND DIRECTORS IN 12
12.	OFFICE AS AND DIRECTORS	1.2 NA			Change Addition
STREET ADDRESS TOPE CITY-ST-ZIP TITLE NAME	Y-SI-ZIP Naples, FL 35449		Y - ST - ZIP LEE ME REET ADDRESS		Change Addition
STREET ADDRESS CITY - ST - ZIP TITLE NAME	☐ DÉLETE		IV-SI-Z:P:		☐ Change ☐ Addition
STREET ADDRESS CITY - ST - ZIP TITLE			TREET ADDRESS ITY - ST - ZIP THE AME THEET ADDRESS	4000018 -05/20/960	:295₿⊈ange □ Addition 1051016
NAME STREET ADDRESS CITY-ST-ZIP TITLE	☐ DELETE			***200.00	Change Addition
NAME STREET ADDRESS CUTY - SL-ZIP TITLE		DELETE 6.1	STREET ADDRESS CITY - ST - ZIP TITLE		☐ Change ☐ Additio
NAME			NAME STREET ADDRESS		

SIGNATURE:

Richard France
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

64 CBY-SI-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 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 certify that I am an officer or director of this corporation or the receiver or trusted 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.