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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P950000 70741

1. Corporation Name

SUN OPTIONS, INC

FILED
97 JUL 25 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5313 N. BUGGY WHIP DR
JACKSONVILLE, FL 32257

3. Date Incorporated or Qualified

9/95

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 5313 N. BUGGY WHIP DR.

26 200 RIDING TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 JACKSONVILLE, FL

28 ROSWELL, GA

Zip

Country

Zip

Country

24 32257

25

29 30075

30

USA

4. FEI Number

59-3335521

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

10. Name and Address of New Registered Agent

CARL CARLSON
1201 JULINGTON FOREST DR. E.
JACKSONVILLE, FL 32258

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

CARL CARLSON

Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CHIEF EXECUTIVE OFFICER ☐ DELETE

NAME JULIAN NICKEL

STREET ADDRESS 200 RIDING TRAIL, BLDG #1

CITY-ST-ZIP ROSWELL, GA 30075

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CHIEF OPERATING OFFICER ☒ Change ☐ Addition

1.2 NAME MARILOTH NICKEL

1.3 STREET ADDRESS 200 RIDING TRAIL, BLDG #1

1.4 CITY-ST-ZIP ROSWELL, GA 30075

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

JULIAN NICKEL

7/11/97

(6) 650-6929

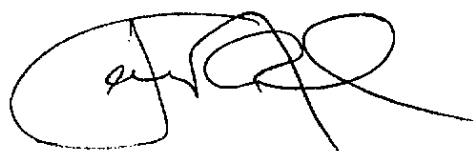
CR2E034 (9/96)

2042

7/25/97

TO WHOM IT MAY CONCERN:

ON JULY 25, I SPOKE TO SOMEONE
IN YOUR OFFICE ABOUT MY LATE
FEE. I NEVER RECEIVED THE REMINDER
LETTER THAT YOU SEND OUT IN JANUARY.
PLEASE ACCEPT MY APOLOGY FOR BEING
ABSENT MINDED I HAVE A VERY SMALL
BUSINESS. THANK YOU.

A handwritten signature in black ink, consisting of a large, stylized 'C' followed by a series of loops and a long horizontal stroke extending to the right.