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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P95000070741 (0)

SUN OPTIONS, INC.

Principal Place of Business 5313 N. BUGGY WHIP DR. JACKSONVILLE FL 32257

4

Mailing Address

200 RIDING TRAIL BLDG #1

ROSWELL GA 30075

FILED Feb 19 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

| | | | | | | 09/11/1995 | | |
|--|---|------------------------------|--------------------|----------------------|---|---|---------------|---------------|
| 2. Principa | l Place of Business | 28. Mailing Address | | | _ | 4. FEI Number | A | pplied For |
| 21 | 26 | | | | | 59-3335521 | N | ot Applicable |
| | pt. #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | Additional |
| 22 | | 27 | | | | 0, 00, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, | | Required |
| City & S | date | City & State | | | | 6. Election Campaign Financing | | Мау Ве |
| 23 | | 28 | | | | Trust Fund Contribution | Added | to Fees |
| Zip | Country | Zip | Cou | ntry | | 8. This corporation owes or has paid the cu | | |
| 24 | 25 | 29 | 30 | | | | | No |
| 9. Name and Address of Current Registered Agent | | | | | | 10. Name and Address of New Registered | Agent | |
| CARVER, CARL 1281 JULINGTON FOREST DR. E. | | | | | Name | | | |
| | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| JACKSONVILLE FL 32258 | | | | 63 | | | | |
| | | | | | | | | |
| | | | | 84 | City | | 85 Zip | Code |
| | | | | | Oity | FL | _ 63 Z1P | 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 agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I berefy account the appointment as 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 | | | | | | | | |
| BIGINATOR | Signature, typed or printed trace of registered agent | and title if applicable (NO) | Ager | t signature require: | | | | |
| 12. | | | | 13. | | ADDITIONS/CHANGES TO OFFICERS AN | | |
| TITLE | CEO | L DELETE | 1.1 111 | LE | | | Change | Addition |
| NAME | | | | ME | ĺ | | | |
| STREET ADDRES | | | 1.3 ST6 | REET A | NDDRESS | | | |
| CITY-ST-ZIP | ROSWELL GA 30075 | ROSWELL GA 30075 1.4 | | | - ZIP | | | |
| TITLE | CO | DELETE | 21 TIT | LE | | | Change | Addition |
| NAME | NICKELL, MARIBETH 2 | | | ME | | | | |
| STREET ADDRES | | | | REET A | LDDRESS | | | |
| -011-21-ZIP | | | | TY-SI | r-ZiP | | | |
| TITLE | | | | 3.1 TITLE | | | Change | Addition |
| NAME | | | | 3.2 NAME | | | | |
| STREET ADDRES | | | | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 1 | 3.4 CITY-ST-ZIP | | | | |
| TITLE | | DELETE 4. | | | - FIL | | Change | Addition |
| NAME | | | 4. 2 NA | | | | | |
| | | | | | ADDRESS | | | |
| STREET ADDRES | 55 | | | | ·) | | | |
| CITY-ST-ZIP TITLE | | | 4.4 CIT 5.1 TIT | | - ZIP | | Change | Addition |
| ļ | | F) perfit | | | | | | |
| NAME | | | 5.2 NAI | | | | | |
| STREET ADDRES | SS | | | | IDDRESS | | | |
| CITY-ST-ZIP | ······································ | | | Y-ST | - ZIP | | | |
| TITLE | DELETE 61 | | | | | 9000024370 | - Ly l-Change | Addition |
| NAME | | | 62 NAJ | 62 NAME | | -02/23/98010020 | 24 | ye. |
| STREET ADDRES | 63 | | | REET A | ODRESS | ***150.00 | | 12.19 |
| CITY-ST-ZIP | | | | Y-\$1 | | | | |
| 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this angular report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this angular report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this angular report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this angular report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an angular report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an angular report of the supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an angular report of the supplied with this filling does not prove the supplied with | | | | | | | | |
| 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 flidycceiver or distance 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 an attatlachment with an address. | | | | | | | | |

IGNATURE:

tres 10 1990