

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000087035 (8)

1. Corporation Name

SUN CAPITAL ADVISORS, INC.



Principal Place of Business

Mailing Address

% MARC LEDER
2255 GLADES ROAD, 324 ATRIUM
BOCA RATON FL 33431

% MARC LEDER
2255 GLADES ROAD, 324 ATRIUM
BOCA RATON FL 33431

3. Date Incorporated or Qualified

3a. Date of Last Report

11/13/1995

2. Principal Place of Business

2a. Mailing Address

21 **777 S. Flagler Drive**

26 **777 S. Flagler Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **West Tower 8th Floor**

27 **West Tower 8th Floor**

City & State

City & State

23 **West Palm Beach FL**

28 **West Palm Beach FL**

Zip

Country

Zip

Country

24 **33401**

25

29 **33401**

30

4. FEI Number

65-0624186

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

**LEDER, MARC
2255 GLADES ROAD
324 ATRIUM
BOCA RATON FL 33431**

81 Name

Leder, Marc

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

777 S. Flagler Drive

83

West Tower 8th Floor

84 City

West Palm Beach

FL

85 Zip Code

33401

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **Marc Leder**
STREET ADDRESS **777 S. Flagler Drive, West Tower 8th Floor**
CITY-ST-ZIP **West Palm Beach, FL 33401**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME **Pres. Rodger Krause**
STREET ADDRESS **777 S. Flagler Drive, West Tower 8th Floor**
CITY-ST-ZIP **West Palm Beach, FL 33401**

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

Date

407-820-9442

Daytime Phone #

CR2E034 (12/95)