

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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90053 047 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000087035

1. Corporation Name
SUN CAPITAL ADVISORS, INC.



Principal Place of Business 777 S. FLAGLER DRIVE WEST TOWER 8TH FLOOR WEST PALM BEACH FL 33401 US	Mailing Address 777 S. FLAGLER DRIVE WEST TOWER 8TH FLOOR WEST PALM BEACH FL 33401 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/13/1995

2. Principal Place of Business 21 5355 Town Center Road Suite, Apt. #, etc. 22 Suite 802 City & State 23 Boca Raton, FL Zip 24 33486 Country 25 U.S.A.	2a. Mailing Address 26 5355 Town Center Road Suite, Apt. #, etc. 27 Suite 802 City & State 28 Boca Raton, FL Zip 29 33486 Country 30 U.S.A.
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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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

LEDER, MARC
 777 S. FLAGLER DRIVE
 WEST TOWER 8TH FLOOR
 WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
5355 Town Center Road
 83 **Suite 802**
 84 City **Boca Raton** FL 85 Zip Code **33486**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P	
NAME	LEDER, MARC	
STREET ADDRESS	777 S. FLAGLER DRIVE, WEST TOWER 8TH FLOOR	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	P	
NAME	KROUSE, RODGER	
STREET ADDRESS	777 S. FLAGLER DRIVE, WEST TOWER 8TH FLOOR	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	DT, P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	5355 TOWN CENTER ROAD SUITE 802		
1.4 CITY-ST-ZIP	BOCA RATON, FL 33486		
2.1 TITLE	DS, V	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	5355 TOWN CENTER ROAD SUITE 802		
2.4 CITY-ST-ZIP	BOCA RATON, FL 33486		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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, with all other like empowered.

SIGNATURE:  _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (11/98)