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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000026253 (0)

FILED May 07 1997 8:00am Secretary of State

SUNHA	de vade management, i	NO.			
Principal Plac	ce of Business	Mailing Address			
22231 SANDS POINTE DRIVE 22231 SANDS POINTE DE BOCA RATON FL 33433 BOCA RATON FL 33433-6					
				3. Date Incorporated or Qualified 3. 03/20/1996	3a. Date of Last Report
2. Principal I	Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		65-0649301	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	1 0	***************************************	Added to Fees
7 ip	Country	Zip	Country	8. This corporation has flability for inte	
24	25 g. Name and Address of Curr	29 ant Pagistered Agent	30	Florida Statutes Y	res No
		ent neglisioled Agent	81 Name	10, Name and Routess of Hew Regis	roton vitatit
	OWN, CANDICE J		1,441.70		
22231 SANDS POINTE DRIVE			82 Street	Address (P.O. Box Number is Not Acceptable)	
BU	CA RATON FL 33433		83		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			84 City		FL 85 Zip Code
11, Pursuant office or agent 1.	to the provisions of Sections 607.0 registered agent, or both, in the Staam familiar with, and accept the obl	502 and 607.1508, Florida Statu te of Florida. Such change was igations of, Section 607.0505, F	ites, the above-named authorized by the corplorida Statutes.	corporation submits this statement for the purporation's board of directors. I hereby accept the	pose of changing its registered he appointment as registered
	Signature, typed or printed name of registered a		TE: Registered Agent signature		DATE
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE		☐ DELETE	1.1 TITLE	Condice J. Brown.	Change 🔣 Addition
NAME				Bandi Point	La Prive
STREET ADDRESS			1.3 STREET ADDRESS		10 0 11 2 C
CITY-ST-ZIP		Detiere	1.4 CITY-ST-ZIP	Boca Katon, FL	193433
HILE		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		:
CITY-S1-70P		DELETE	2.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
TITLE		L. J DELETE	3.1 TITLE		C Change C Noorton
NAME			3.2 NAME	1	
STREET ADDRESS			3.3 STREET ADDRESS		
C(TY+S1+Z(P		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
TITLE		bittit	1	'	C Change C Addition
NAME			4. 2 NAME	,	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZIP		DELETE	4.4 CITY - ST - ZIP		Change Addition
1116		TT DECEIE	5.1 TITLE		The customer The Windlifted
NAME			5.2 NAME	•	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Dri tyr	5.4 CITY-ST-ZIP		Chance 1420-
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS	1	

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.

6.4 CITY-ST-ZIP

SIGNATURE: