

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000041889 (2)

1. Corporation Name

MIDSUN HOLDING, INC.

Principal Place of Business

5700 LAKE WORTH RD
SUITE 310
LAKE WORTH FL 33463

Mailing Address

5700 LAKE WORTH RD
SUITE 310
LAKE WORTH FL 33463

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1996

4. FEI Number

65-0664477

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes ☐ No

2. Principal Place of Business

21 1926 TENTH AVENUE NORTH

Suite, Apt. #, etc.

22 4TH FLOOR

City & State

23 LAKE WORTH, FL

Zip

24 33461

Country

25 USA

2a. Mailing Address

26 1926 TENTH AVENUE NORTH

Suite, Apt. #, etc.

27 4TH FLOOR

City & State

28 LAKE WORTH, FL

Zip

29 33461

Country

30 USA

9. Name and Address of Current Registered Agent

ROGERS, JAMES M
5700 LAKE WORTH ROAD
SUITE 310
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent

81 Name

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

1926 TENTH AVENUE NORTH

83 4TH FLOOR

84 City
LAKE WORTH

FL

85 Zip Code
33461

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

TITLE	DPCE	<input checked="" type="checkbox"/> DELETE
NAME	SHAPIRO, ALBERT	
STREET ADDRESS	5700 LAKE WORTH RD SUITE 310	
CITY-ST-ZIP	LAKE WORTH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAPIRO, HONORA	
STREET ADDRESS	5700 LAKE WORTH RD SUITE 310	
CITY-ST-ZIP	LAKE WORTH FL 33463	

TITLE	SVPS	<input type="checkbox"/> DELETE
NAME	ROGERS, JAMES M	
STREET ADDRESS	5700 LAKE WORTH RD, SUITE 310	
CITY-ST-ZIP	LAKE WORTH FL	

TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	WELLINGTON, GRAHAM P	
STREET ADDRESS	5700 LAKE WORTH RD, SUITE 310	
CITY-ST-ZIP	LAKE WORTH FL	

TITLE	AVP	<input checked="" type="checkbox"/> DELETE
NAME	LOZEAU, SHAWN	
STREET ADDRESS	5700 LAKE WORTH RD, SUITE 310	
CITY-ST-ZIP	LAKE WORTH FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1926 TENTH AVENUE NORTH, 4TH FLOOR
2.4 CITY-ST-ZIP	LAKE WORTH, FL 33461

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1926 TENTH AVENUE NORTH, 4TH FLOOR
3.4 CITY-ST-ZIP	LAKE WORTH, FL 33461

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1926 TENTH AVENUE NORTH, 4TH FLOOR
4.4 CITY-ST-ZIP	LAKE WORTH, FL 33461

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

SIGNATURE:

James M Rogers

4/24/98

(561) 540-6224

CR2E034 (10/97)