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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000045925 (0)

FLORIDA SUN ENTERPRISES, INC.

Principal Place of Business

Mailing Address

343 ALMERIA AVENUE CORAL GABLES FL 33134

645 SOUTH WASHINGTON AVENUE GREENVILLE MS 38701-5334

## **FILED** May 16 1997 8:00am Secretary of State



	, , , , , , , , , , , , , , , , , , , ,	•									
1							3. Date Incorporated or Qualified	05/30/1996 same			
							05/30/1996				
2. Principal Place of Business			2a. Mailing Address				4, FEI Number			plied For	]
21			26 1300 Eniswood Parkway			Parkwa	у 65-0670542		No	t Applicable	
Suite, Apt. #, etc.		<u></u>	Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1 7 7		dditional	
22		27					g. Germente of claims besited		Fee Re	quired	
City & State			City & State				6. Election Campaign Financing			Мау Ве	
23	28 Palm Harbo			arbor		FL	Trust Fund Contribution	LJ #	dded t	o Fees	4
Zip	Country	ļ,	Z+ρ	ļ <sub>1</sub>	Count			as liability for intangible tax under s. 199.032,			
24	[25]	29	34683	30	U	SA		Yes XXNo			4
	g, Name and Address of C	urrent Regis	stered Agent			41 No. 20 C	10. Name and Address of New Registered Agent				
AMERILAWYER CHARTERED					8	1 Name					ļ
343 ALMERIA AVENUE						Street Address (P.O. Box Number is Not Acceptable)					7
CORAL GABLES FL 33134											
						3					
l					8	4 City		85	Žip (	Code	4
				_		] ",		FL   🐃	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
11. Pursuant t	to the provisions of Sections 60	7.0502 and €	607.1508, Florida	a Statutes, t	he abo	ve-named co	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of char	ging it	s registered	7
agent. I a	m familiar with, and accept the	obligations o	of, Section 607.0	505, Florida	Statute	es.	anon's poard of directors. Thereby accep	и ине арролин	CHL as	registered	
SIGNATURE					1300					1.1.6	
	it applicable.	(NOTE Her		gont signature req	uireo when reinstating)	DATE			_ ا		
12.		S AND DIRE		f 16	13.		ADDITIONS/CHANGES TO OFFIC				۔ کِ
TITLE	PD PIOUS PIOUS P		☐ DEL	t It	1.1 TITLE			L_J (	hange	Addition	ç
NAME	RAVEL, RICHARD				1.2 NAME						Š
Street Address	343 ALMERIA AVENUE			l.		ET ADDRESS					ŭ
CITY-ST-ZIP	CORAL GABLES FL 33134	<u> </u>			14 CITY-		<u> </u>				_[2
TITLE	STD		☐ DEL	t i t	21 HILE				hange	Addition	۲
NAME	HARBOUR RAVEL, MARY	JANE			2.2-NAME						1
STREET ADDRESS	343 ALMERIA AVENUE			ł	2.3 STREE	E1 ADDRESS					ļ
CITY-ST-ZIP	CORAL GABLES FL 33134	<u> </u>			2. 4 CITY						
TITLE			∏ D€t	ETE	3.1 TITLE				hange	Addition	
NAME					3.2 NAME						
STREET ADDRESS				Į	33 STREE	ET ADDRESS					
CITY-ST-ZIP					34. CITY						1
TITLE			☐ DÉL	ETE :	4.1 TITLE			∐ 0	hange	Addition	
NAME				•	4. 2 NAM	€					
STREET ADDRESS					4.3 STREE	E1 ADDRESS					
CITY-ST-ZIP					4.4 CITY	ST-ZIP					
TITLE			☐ DEL	ETE	5 1 TITLE				hange	Addition	
NAME				ľ	5.2 NAME						
STREET ADDRESS					5.3 ETRE	ET ADDRESS					
CITY-ST-ZIP				<b>1</b>	54 DITY-	ST-ZIP					
TITLE			DEL	ETE	61 HILLE				hange	Addition	
NAME					6.2 NAME						
STREET ADORESS				ļ	6 3 \$1RE	et address					
CITY-ST-ZIP	•			1	6.4 CITY						
44			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-1	- 41-		- d :- O - d - 140 07(0)() Frank - Out 4-	. 12 3			٦.

I do hereby 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 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 is 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 13 if changed, or on an attachment with an address. SIGNATURE BY OFFICE DELLA Place 5/1/97 8137868712