

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 OCT 22 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000063746 (7)
1. Corporation Name
PACIFIC SUN DEVELOPMENT CORPORATION



Principal Place of Business Mailing Address
1809 UNIVERSITY DR 1809 UNIVERSITY DR
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 2355 University Dr. 26 2355 University Dr.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Coral Springs, FL 28 Coral Springs, FL
Zip Country Zip Country
24 33065 25 USA 29 33065 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report
07/30/1996 N/A
4. FEI Number Applied For
65-0728567 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JOBLOVE, MICHAEL D
8211 W BROWARD BLVD
SUITE 310
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City
85 Zip Code
7000023207--4
10/24/97-01085-018
****750.00 ****750.00
FL

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 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
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CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME Tommy Lam
1.3 STREET ADDRESS 2484 NW 88 Terrace
1.4 CITY-ST-ZIP Coral Springs, FL 33065
2.1 TITLE Vice-President ☐ Change ☒ Addition
2.2 NAME Linh Lee
2.3 STREET ADDRESS 9355 Lake Severa Dr
2.4 CITY-ST-ZIP Boca Raton, FL 33496
3.1 TITLE Treasurer ☐ Change ☒ Addition
3.2 NAME Ann Hua
3.3 STREET ADDRESS 761 NE 77 St
3.4 CITY-ST-ZIP Boca Raton, FL 33487
4.1 TITLE Secretary ☐ Change ☒ Addition
4.2 NAME Michael Tam
4.3 STREET ADDRESS 4103 Coral Springs Dr.
4.4 CITY-ST-ZIP Coral Springs, FL 33410
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

REINSTATEMENT

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, changed, or on an attachment with an address.

SIGNATURE SIGNATURE REQUIRED

abala

ATC 240 8816

CR2E034 (4/97)