


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

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FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90135 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P96000063746		
1. Corporation Name PACIFIC SUN DEVELOPMENT CORPORATION		

Principal Place of Business 2355 UNIVERSITY DR CORAL SPRINGS FL 33065	Mailing Address 2355 UNIVERSITY DR CORAL SPRINGS FL 33065
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 30		3. Date Incorporated or Qualified 07/30/1996
		4. FEI Number 65-0728567		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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

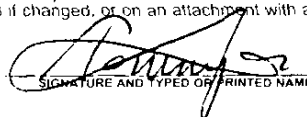
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAM, TOMMY	12 NAME	
STREET ADDRESS	2484 NW 88TH TERRACE	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, LINH	22 NAME	
STREET ADDRESS	9355 LAKE SERENA DR	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUA, ANN	32 NAME	
STREET ADDRESS	761 NE 77TH ST	33 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAM, MICHAEL	42 NAME	
STREET ADDRESS	4103 CORAL SPRINGS DR	43 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33410	44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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

Tommy Lam

3/14/99

Date

954-345-8828

Daytime Phone #

CR2E034 (1/198)