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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

FILED

May 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600068827 (0)

SUNSET VENTURES, INC.

Principal Place of Business

STREET ADDRESS

CITY-ST-ZIP

196 E. CARROLL STREET ISLAMORADA FL 33036		P.O. BOX 1133 ISLAMORADA FL 33036-1133								
						Date incorporated or Qualified 08/19/1996		of Last F	Report	
	lace of Business	2a. Mailing Address				4. FEI Number			pplied For	
21		26				65-0697/70 Not Applicable				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5 Certificate of Status Desired \$8.75 Additional				
22 City 8 Ctot		27							equired	
City & State	U	City & State				6. Election Campaign Financing				
Zip				intry		Trust Fund Contribution	L			
24	25	h···1	30			8. This corporation has liability for i		ax under s No	s. 199.032,	
24	9. Name and Address of Current		301	Τ		10. Name and Address of New Re				
OLIV	ÆR, JUDY B			81	Name					
	E. CARROLL STREET	•								
P.O.	BOX 1133		82 Street Addr			ddress (P.O. Box Number is Not Acceptab	ia)			
	MORADA FL 33036			83		*	**************************************			
								1		
	•			84	City		FL	85 Zip	Code	
agent i a	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligat	and 607.1508, Florida Statute of Florida: Such change was au ions of, Section 607.0505, Flor	s, the a uthorize rida Sta	bove d by lutes	o-named of the corp 3.	corporation submits this statement for the p oration's board of directors. I hereby accep	urpose of o	hanging i intment as	ts registered : registered	
SIGNATURE	Signature, typed or printed name of registered agent	and tire if applicable (NOTE	Registere	d Age	nt signature r	equired when reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTOR	RS IN 12	
TITLE	PD	DELETE	1.1 1ITUE				L	Change	Addition	
NAME	OLIVER, JUDY B			1.2 NAME					į	
STREET ADDRESS			1.3 STREET ADDRESS		ADDRESS					
CITY-ST-ZIP	ISLAMORADA FL 33036 STD			1.4 CHY-\$1-7P						
TITLE	STD DELETE DELET			2.1111(E			ı	Change	Addition	
NAME	136 E. CARROLL STREET		2.2 NAME							
STREET ADDRESS	ISLAMORADA FL 33038		2.3 STREET ADDRESS		1.					
CHY-ST-ZIP TITLE	VD			2 4 CITY - ST - ZIP 3.1 TITLE				Change	Addition	
NAME	STERLING, EDWARD M	occere	3.2 NAME		1			Unerigo	FT WOUND	
STREET ADDRESS	SAME AND ALLIGIA AND			3.2 NOWN			:			
CITY-ST-ZIP	JACKSONVILLE FL 32217		3.4. CITY-							
TITLE		DELETE	4.1 TITLE					Change	Addition	
NAME		_	4 2 NAME							
STREET ADDRESS					ADDRESS					
CITY-ST-Z#P			4 4 CDY - 5							
TITLE		DELETE	5111111					Change	Addition	
NAME			5 2 N	AME	1					
STREET ADDRESS			538	IREET	ADDRESS					
CITY-ST-ZIP			540	ITY-S	1 - ZiP					
TITLE		☐ DELE1E	61 TIME				T	Change	Addition	
NAME			62.0	ARAG						

63 STREET ADDRESS

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 12 it changed, or on an attachment with an address.