

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

FILED

**Feb 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000076381 (8)

1. Corporation Name
SUNHILL, INC.



Principal Place of Business
**6001 N. 24TH STREET
SUITE A
PHOENIX AZ 85016**

Mailing Address
**6001 N. 24TH STREET
SUITE A
PHOENIX AZ 85016-2018**

3. Date Incorporated or Qualified 09/13/1996	3a. Date of Last Report N/A
4. FEI Number 93-1220835	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

**LITTLE, MICHAEL G
911 CHESTNUT STREET
CLEARWATER FL 34616**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William A. Pope
1.3 STREET ADDRESS	2525 E. Camelback Rd., Suite 888
1.4 CITY - ST - ZIP	Phoenix, AZ 85016
2.1 TITLE	Vice President, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Stephen E. Rennecker
2.3 STREET ADDRESS	2525 E. Camelback Rd., Suite 888
2.4 CITY - ST - ZIP	Phoenix, AZ 85016
3.1 TITLE	Secretary, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Stephen E. Rennecker
3.3 STREET ADDRESS	2525 E. Camelback Rd., Suite 888
3.4 CITY - ST - ZIP	Phoenix, AZ 85016
4.1 TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	William A. Pope, Director
4.3 STREET ADDRESS	2525 E. Camelback Rd., Suite 888
4.4 CITY - ST - ZIP	Phoenix, AZ 85016
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 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 if changed, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE REQUIRED _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)