## 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 # P96000089603 (0) 1. Corporation Name

R.J.B. SUN ENTERPRISES, INC.

| Principal Place of Business Mailing Addres 5419 VINELAND RD 5419 VINELAND |  |   |                               |   | T POUTFORM THE TOTAL SPAIN WHATE WORLD WHATE  | talah lahin dana arki bada  | IPRI CURI        |  |
|---|--|---|-------------------------------|---|---|-----------------------------|------------------|--|
| ORLANDO FL 32811  |  | ORLANDO FL 32811-7807   |                               |   |   |                             |                  |  |
|   |  |   |                               |   | 3. Date Incorporated or Qualified 10/29/1998  | 3a. Date of Last Re         | port             |  |
| • • •   | iace of Business   | 2a. Mailing Address   |                               |   | 4. FEI Number 59-3408268  | A Apr                       | lied For         |  |
| 21 Suite, Apl. #, etc.  |  | Suite, Apt. #, etc.   |                               | <del> </del>                                    | 60 75 Additional  |                             |                  |  |
| 22  |  | 27  |                               | 5. Certificate of Status Desired Fee Required   |   |                             |                  |  |
| City & State  |  | City & State  |                               | 6. Election Campaign Financing \$5.00 May Be    |   |                             |                  |  |
| Zip Country   |  | Zip   Country   |                               |   | Trust Fund Contribution Added to Fees  8. This corporation has liability for injungible tax under s. 199.032, |                             |                  |  |
| 24  | 25 29 30   |   | <del></del>                   | or this corporation rips liability for righting |   | yes ☐ No                    |                  |  |
| <del></del>   | 9. Name and Address of Curren  |   |                               |   | 10. Name and Address of New Reg   |                             |                  |  |
|   | EY, JANET L  |   | 81                            | Name  |   |                             | }                |  |
| 5419 VINELAND RD  |  |   | 8;                            | Street Add                                      | ddress (P.O. Box Number is Not Acceptable)  |                             |                  |  |
| ORL   | ANDO FL 32811  |   | B;                            |   |   |                             |                  |  |
|   |  |   |                               | 1   |   |                             |                  |  |
|   |  |   | 84                            | City  |   | FL 85 Zip C                 | ode              |  |
| 11. Pursuant  | to the provisions of Sections 607.050  | 2 and 607.1508, Florida Statute                                   | es, the abo                   | ve-named corp                                   | poration submits this statement for the pu  | rpose of changing its       | registered       |  |
| office or r<br>agent 1 a  | egistered agent, or both, in the State<br>m familiar with land accept the obliga | of Florida. Such change was a<br>stions of, Section 607.0505, Flo | iuthorized t<br>irida Statute | by the corpora<br>es.                           | tion's board of directors. I hereby accept  | the appointment as r        | egistered        |  |
| CICALATLICIC  | , ,  |   |                               |   |   |                             |                  |  |
| ***************   | Signature typed or printed name of registered age                                |   |                               | gent signature raqui                            | ired when reinslating)  | DATE                        |                  |  |
| 12.   | OFFICERS AND   | DELETE DELETE   | 13.                           |   | ADDITIONS/CHANGES TO OFFICE   | Change                      | Addition         |  |
| NAME  | KELLEY, JANET L  | L Detert  | 1.2 NAME                      | 1   |   | Land Change                 | , Addition       |  |
| SIREFT ADORESS  | 5419 VINELAND RD   |   |                               | ET ADORESS                                      |   |                             |                  |  |
| 0(1)Y-\$T-ZIP   | ORLANDO FL 32811   |   | 1.4 CITY-                     | ST-ZIP  |   |                             |                  |  |
| TITLE   | D  | ☐ DELETE  | 2.1 TITLE                     |   |   | ☐ Change                    | ☐ Addition       |  |
| MAME  | BODE, ROBERT J   |   | 2.2 NAME                      |   |   |                             |                  |  |
| STREET ADDRESS  | 5419 VINELAND RD<br>ORLANDO FL 32811   |   |                               | ET ADDRESS                                      |   |                             |                  |  |
| CHY-S1-ZiP<br>HILE  | OUDWING LE 35011   | DELETE  | 2.4 CITY<br>3.1 TITLE         |   |   | Change                      | Addition         |  |
| NAME  |  | Seed Philips  | 3.2 NAME                      |   |   | Em overigo                  | 7,00,001         |  |
| STREET ADORESS  |  |   |                               | T ADDRESS                                       |   |                             |                  |  |
| CHY-ST-ZIP  |  |   | 3.4 CITY                      | - ST- ZIP                                       |   |                             |                  |  |
| TITLE   |  | DELETE  | 4.1 TITLE                     |   |   | Change                      | Addition         |  |
| HAME  |  | • ,   | 4. 2 NAM                      |   |   |                             |                  |  |
| STREET ADDRESS  |  |   |                               | ET ADORESS                                      | •   |                             |                  |  |
| CHY-SE-78   |  | ☐ DELETE  | 4.4 CITY-<br>5.1 TITLE        |   |   | Change                      | Addition         |  |
| NAME  |  | Land Charle   | 5.2 NAME                      |   |   |                             | total ristallion |  |
| STREET ADORESS  |  |   |                               | ET ADORESS                                      |   | (N,64                       | )                |  |
| CITY SI-7-P   |  |   | 5.4 CITY                      | ST-ZIP  |   | しろく                         |                  |  |
| 1:FLE   |  | ☐ DELETE  | 6.1 TITLE                     |   |   | Change                      | Addition         |  |
| NAME .  | Tell College Assessment  |   | 6.2 NAME                      |   | 70000218  | 49 <u>0</u> 7               |                  |  |
| STREET ADDRESS  |  |   |                               | ET ADDRESS                                      | 70000218<br>-05/20/970104<br>***165.00  | 4UZ(                        |                  |  |
| 0(*Y-S1-7)?<br><b>14.</b> Ldo here!                                       | ov certify that the information supplier   | d with this filing does not qualif                                | 6.4 City-                     | emotion state                                   | d in Section 119 07(3)(i). Florida Statutes.  | . I further certify that ti |                  |  |
| informatio  | in indicated on this annual report or s  | supplemental annual report is to                                  | rue and acc                   | curate and tha                                  | it my signature shall have the same legal<br>it as required by Chapter 607, Florida St                        | effect as if made und       | er oath; that    |  |
| appears i   | n Block 12 or Block 13 if changed, or  | r on an attachment with an add                                    | Iress.                        |   | A . 11 1/11   |                             |                  |  |
|   |  | and the second second second                                      | F 11 A 40101 3010             |   |   | - 14 0.                     | 1.0 00.1         |  |

**FILED** 

May 08 1997 8:00am

Secretary of State