

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

**FILED**  
**May 16 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 # P96000101120 (9)**

1. Corporation Name  
**SUN PAPER ADVISORS, INC.**



Principal Place of Business: **777 SO FLAGLER DRIVE WEST TOWER 8TH FLOOR WEST PALM BEACH FL 33401**  
 Mailing Address: **777 SO FLAGLER DRIVE WEST TOWER 8TH FLOOR WEST PALM BEACH FL 33401-6161**

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>12/16/1996</b>   | 3a. Date of Last Report  |
| 4. FEI Number  | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>   |
| 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |   |
|---|---|
| 21. Principal Place of Business Suite, Apt. #, etc. | 2a. Mailing Address Suite, Apt. #, etc. |
| 22. City & State                                    | 27. City & State                        |
| 23. Zip Country                                     | 28. Zip Country                         |
| 24. Zip   | 25. Country                             |
| 29. Zip   | 30. Country                             |

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYS ST  
 TALLAHASSEE FL 32301**

|  |  |
|--|--|
| 10. Name and Address of New Registered Agent | 81. Name   |
|  | 82. Street Address (P.O. Box Number is Not Acceptable) |
|  | 83.  |
|  | 84. City   |
|  | 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<br><b>President</b>                          | <input type="checkbox"/> DELETE |
| NAME<br><b>Marc J. Leder</b>                       |                                 |
| STREET ADDRESS<br><b>12 Bermuda Lake Drive</b>     |                                 |
| CITY-ST-ZIP<br><b>Palm Beach Gardens, FL 33418</b> |                                 |
| 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<br><b>Vice President</b>                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME<br><b>Rodger Krause</b>                      |   |
| 1.3 STREET ADDRESS<br><b>1141 SW 14th Ave</b>         |   |
| 1.4 CITY-ST-ZIP<br><b>Deer Beach, FL 33486</b>        |   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY-ST-ZIP                                       |   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY-ST-ZIP                                       |   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY-ST-ZIP                                       |   |
| 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: **Marc J. Leder** 4/15/97 561-820-9442  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000000

CR2E034 (9/96)