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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000101120 (9) DOCUMENT

SUN PAPER ADVISORS, INC.

FILED May 19 1998 8:00am Secretary of State



	· · · ·					:
Principal Place of Business Mailing Address						
777 SO FLAGLER DRIVE 777 SO FLAGLER DRIVE						
WEST TOWER	r Bth Floor Beach Fl 33401		WEST TOWER 8TH FLOOR WEST PALM BEACH FL 33401			DO NOT WRITE IN THIS SPACE
TEGI FALM	DERON FL 30401	WEST FALM DENOTIFE	TEGI FALM BENON FE GOOD			3. Date Incorporated or Qualified
						12/16/1996
<u> </u>	ace of Business	2a. Mailing Address	Mailing Address			4. FEI Number / T AT //978 Applied For
21		26				APPLIED FOR 65-0749731 Not Applicable
Suite, Apt.	#, G IC.	Suite, Apt #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	3	City & State				6. Election Campaign Financing \$5.00 May Be
23		28	28			Trust Fund Contribution
Zip	Country	Zip	Country			8. This corporation owes or has paid the current year Intangible
24	25 29 30		30	Personal Property Tax due June 30. Yes No		
Reme and Address of Current Registered Agent CORPORATION SERVICE COMPANY Registered Agent Name						10, Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS ST						
TAI		82 Street Add		Street Addres	ss (P.O. Box Number is Not Acceptable)	
"`			1	63		
ļ			ļ.	B4 (City	85 Zip Code
)	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the at office or registered agent, or both, in the State of Floridal Such change was authorized agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida State					named corpo ne corporatio	ration submits this statement for the purpose of changing its registered in a board of directors. I hereby accept the appointment as registered
SIGNATURE						
Stonature, typed or perted name of registered agent and trie if applicable (NOTE				Registered Agent signature require		
12.	OFFICERS AN	ND DIRECTORS DELETE	13. 1.1 TITLE		- 	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	AFWED MADO (1.1 JIII			Change C Adultion
STREET ADDRESS	12 BERMUDA LAKE DR		1.3 STREET ADDRESS		DDRESS	
CITY-ST-ZIP			1.4 CITY-ST-ZIP		ZIP	
TITLE			2.1 T(T)	E		☐ Change ☐ Addition
NAME	KROSE, RODGER		2.2 NAI	WE		
STREET ADDRESS	1141 SW 19TH AVE		2.3 STR			
CITY-ST-ZIP TITLE	BOCA RATON FL		2. 4 CITY - ST - ZIP 3.1 TITLE		ZIP	Change Addition
NAME		☐ DELETE	3.2 NAME			C orange L. Adolpui
STREET ADDRESS			3 3 STREET ADDRESS		DRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
3171.6	DELETE 411		4 1 THI			Change Addition
NAME		_	4 2 NAME)	
STREET ADDRESS			4.3 STREET ADDRESS		DRESS	
CITY-ST-ZIP		DEFETE	4.4 CITY - S		ZIP	Change Addition
TITLE NAME		DELETE	5.1 TITLE 5.2 NAME			Change Addition
STREET ADDRESS			5.3 STREET		DRESS	
CITY-ST-ZIP			5.4 CITY-ST		ĺ	
TITLE				6.1 TITLE		Change Addition
NAME			6.2 NA	ΛE		
STREET ADDRESS			6 3 STR	eet ad	DRESS	
CITY-ST-ZIP			64 CIT	Y-ST-7	ZIP	40.07(0)(0.5)
14. I hereby o	erany that the information supplied i	with this tiling does not qualify fo	or the exer	nptio	in stated in Si	ection 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 il changed, or on an attachment with an address.

4/24/98