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

FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham FILED Secretary of State ANNUAL REPORT 1998 DIVISION OF CORPORATIONS 98 NOV 10 PM 2: 23 P97000013942 (2) DOCUMENT # SECRETARY OF STATE SUN STATE HOLDINGS, INC. Principal Place of Business Mailing Address 3535 WEST COLONIAL DRIVE 3535 WEST COLONIAL DRIVE ORLANDO FL 32808 ORLANDO FL 32808 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifiéd 02/10/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt, #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zio 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes Yes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MOTOLAW, INC. DAWSON & TRAYLOR, P.A. (P.O. Box Number is Not Acceptable) 82 1301 RIVERPLACE BLVD. STE 1301 83 JACKSONVILLE FL 32207 84 is 602 0502 and 607, 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered fine State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered this obligation of performance of 505, Florida Statutes. 11. Pursuant to the provisions of Sections 6 SIGNATURE hen reinstating) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition OHRI, KUDLIP NAME 1.2 NAME CR2E034 3535 WEST COLONIAL DRIVE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32808 CITY-ST-RIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2,2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE TITLE 3,1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 000002686940 CITY-ST-ZIP 3.4. CITY-ST-7IP 11/13/98-01051-****550.00 **** DELETE TITLE 4.1 TITLE ****550.00 NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELÉTE TITLE 5.1 TM F 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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:

SIGNATURE

SIGNATURE ALE: TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR