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FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000017702 (6)
1. Corporation Name
SUN "R" US INVESTMENTS, INC.



Principal Place of Business: 609 N HYER AVE ORLANDO FL 32803
Mailing Address: 609 N HYER AVE ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 2095 E IRLO BROWSON HWY
Suite, Apt. #, etc.
22
City & State: Kissimmee, FL
Zip: 32744 County: Osceola
23
24 32744 25 Osceola 29

3. Date Incorporated or Qualified: 02/17/1997
4. FEI Number: X 59-3435443 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: X \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: X Yes No

9. Name and Address of Current Registered Agent
KEMP, E. DAVID
609 N HYER AVE
ORLANDO FL 32803

10. Name and Address of New Registered Agent
81 Name: HASU PATEL
82 Street Address (P.O. Box Number is Not Acceptable): 2095 E IRLO BROWSON HWY
83
84 City: Kissimmee FL 85 Zip Code: 32744

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: *[Signature]* DATE: 1-31-98
Signature, typed or printed name of registered agent only if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	KEMP, E. DAVID	
STREET ADDRESS	609 N HYER AVE	
CITY-ST-ZIP	ORLANDO FL 32803	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HASMUKH D. PATEL	
1.3 STREET ADDRESS	2095 E IRLO BROWSON HWY	
1.4 CITY-ST-ZIP	Kissimmee, FL 32744	
2.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARENDRA BRAMBHATT	
2.3 STREET ADDRESS	2095 E IRLO BROWSON HWY	
2.4 CITY-ST-ZIP	Kissimmee, FL 32744	
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HASMUKH D. PATEL	
3.3 STREET ADDRESS	2095 E. IRLO BROWSON HWY	
3.4 CITY-ST-ZIP	Kissimmee, FL 32744	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SHARAD CHANDI	
4.3 STREET ADDRESS	20	
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 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]* DATE: 1-11-98

CR2E034 (10/97)