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

DOCUMENT # P97000036395 (6)

NH-SUN INC.

FILED Mar 25 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | | 14 MOIGO 11410 BRION A1110 AGIRL GITT 4801 |
|---|---|--------------------------------------|---------------------|-------------------|--|--|
| 1900 CORPORATE BLVD., NW. STE. 400. W. 1900 CORPORATE BLVD., N | | | | 100. W. | | |
| BOCA RATON FL 33431 BOCA RATON FL 3343 | | | | | | W. T. HO OD 4 OF |
| | | | | | | IN THIS SPACE |
| | | | | | 3. Date Incorporated or Qualified | |
| | | | | | 04/23/1997 | |
| —————————————————————————————————————— | 2. Principal Place of Business 2a. Mailing Ac | | ddress | | 4, FEI Number | Applied For |
| 21 26 | | | | | 59-3448876 | Not Applicable |
| Suite, Apt. #, etc. | | <u> </u> | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 | | | Fee Required | |
| City & Stat | · | | | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | 28 | | | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Countr | У | 8. This corporation owes or has pai | |
| 24 | 25 | | 30 | | Personal Property Tax due June | |
| | 9. Name and Address of Curre | nt Registered Agent | | ~· | 10. Name and Address of New Re | gistered Agent |
| CO | RPORATION SERVICE COMPAN | IY | 81 | Name | | |
| 120 | 11 HAYS STREET | | 82 | Stroot Ad | dress (P.O. Box Number is Not Acceptab | ua) |
| TALLAHASSEE FL 32301-2525 | | | % | JUBBU AU | uless (F.O. Box Number is Not Acceptab | 167 |
| INDENINOOFF IF OFFO 1-5050 | | | 83 | | | |
| 1 | | | | | | |
| | | | 64 | City | | FL 85 Zip Code |
| 44 Dureugnt | to the provisions of Sections 607 05 | 22 and 607 1508 Florida Statuta | s the abou | (e-named co | propertion submits this statement for the n | . • <u> </u> |
| 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. | | | | | | |
| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | |
| SIGNATURE | | | · <u>·</u> | | | |
| | Signature, typed or printed name of registered ag | | | ent signature req | juired when reinstating) | DATE |
| 12. | DP OFFICERS AN | ID DIRECTORS DELETE | 13. | | ADDITIONS/CHANGES TO OFFIC | Change Addition |
| TITLE | | Dece 15 | 1.1 TITLE | | | Change C Addition |
| NAME | WILCOCK, ERNEST C | W ATP 400 W | 1.2 NAME | | | • |
| STREET ADDRESS | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | BOCA RATON FL 33431 | | 1.4 CITY- | ST-ZIP | | |
| TITLE | DSNQ | ☐ DELEY £ | 2.1 TITLE | | | Change Addition |
| NAME | PATRICK, JAMES E | | 2.2 NAME | | | |
| STREET ADDRESS | 1900 CORPORATE BLVD., N | N, STE. 400, W. | 2.3 STREE | Y ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON FL 33431 | | 2. 4 CITY - | ST-ZIP | | |
| TITLE | DT | DELETE | 3.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | MALLON, JEFF | | 3.2 NAME | | | |
| STREET ADDRESS | 1900 CORPORATE BLVD., N | W. STE. 400. W. | 3.3 STREE | T ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON FL 33431 | , *** | 3.4. CITY- | 1 | | 1 |
| TITLE | D | X DELETE | 4.1 Title | | | Change Addition |
| NAME | CHAPMAN, KAMALA A | Life or can | 4. 2 NAME | | | |
| + | 1900 CORPORATE BLVD., N | N CTE ANN NI | | i i | | ľ |
| STREET ADDRESS | | W. SIE. 400, W. | | T ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON FL 33431 | T briege | 4.4 City-: | SI-ZIP | | Change |
| TITLE | | ☐ DELETE | 5.1 TITLE | İ | | Change Addition |
| NAME | | | 5.2 NAME | | | I |
| STREET ADDRESS | | | 5.3 STREE | T ADDRESS | | į |
| CITY-ST-ZIP | | | 5.4 CITY- | ST-ZIP | | |
| TITLE | DELETE | | 6.1 TITLE | " | | Change Addition |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREE | T ADDRESS | | |
| CITY-ST-ZIP | | | CITY- | | | |
| | ertify that the information supplied v | vith this filing does not qualify fo | | | n Section 119.07(3)(i), Florida Statutes. I flure shall have the same legal effect as if | further certify that the information |
| indicated | on this annual report or supplement | al annual recort is true and acor | rate and th | at my signat | ture shall have the same legal effect as if | made under oath; that I am an |

officer or director of the corporation or the receiver of usee 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 exchange with an address