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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000047632 (9)

SUNSHARE IV LIMITED, INC.

FILED Apr 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					{ 1881/001/818 1811/1884/88811/8811/8811/88	1811 18818 8118 9 11118 1191 1891
56 PULASKI ST. PEABODY MA 01960 PEABODY MA 01960					DO NOT WRITE IN THIS	S SPACE
İ					3. Date incorporated or Qualified	
					05/27/1997	
2. Principal Place of Business		}	2a. Mailing Address		4. FEI Number	Applied For
Sulte, Apt. #, etc.		26			59-3450332	Not Applicable
22]	. #, G .C.	Suite, Apt. #, etc.	F		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State	City & State		A Fluxino Occasion Financia	Fee Required
23		⊢₁ ´	26		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Zip Country		8. This corporation owes or has paid the co	
24	25	25 29 30			Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
BEACH, WENDY				81 Name		
428 18TH AVE.			8:	2 Street Addi	ress (P.O. Box Number is Not Acceptable)	
INDIAN ROCKS BEACH FL 33785				J		
ļ			8	3		
			84	4 City		85 Zip Code
44 Duramant	to the provisions of Costians 507.000	00 1007 1500 511- 00		<u> </u>	<u>Fl</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.						
SIGNATURE	· · · · · · · · · · · · · · · · · · ·					
12.	Signature, typed or province name of registered age	D DIRECTORS (NC	TE Registered As	gent signature requir	ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORO IN 40
TITLE	Drector	DELETE	1,1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	augene drorette		1.2 NAME			E our de
STREET ADDRESS	& Etovols (Masos	-	4	T ADDRESS		
CITY-ST-ZIP	Bevecly mit		1.4 CITY-	1		
TITLE	treasures clock DELETE 2.17		2.1 TITLE			Change Addition
NAME	Carol Abramo		2.2 NAME			
STREET ADDRESS	17 Killam HILLOS	P	2.3 STREE	1 ADDRESS		
CITY-ST-ZIP			2.4 CITY-	-ST-ZIP		
TITLE	_		3.1 TITLE			Change Addition
NAME	Wendy Beach		3 2 NAME			
STREET ADDRESS	UZ& ISEMANO		3.3 STREE	1 ADDRESS		
CITY-ST-ZIP			3.4. CITY -	ST-ZIP		
TITLE			4.1 TITLE			☐ Change ☐ Addition
NAME STREET ANNOESS			4. 2 NAME			
STREET ADDRESS CITY-ST-ZIP				T ADDRESS		
TITLE		DELETÉ	4.4 CITY - 5.1 TITLE	31 · ZIP		Change Addition
NAME		1	5.2 NAME			vivingv ricolitoti
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY-			
TITLE		DELET E	6.1 TITLE			Change Addition
NAME			6.2 NAME			-
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY+ST-ZIP			6.4 CITY-			
14. I hereby o	ertify that the information supplied wi	the this filing door not qualify:	for the event	tion stated in	Section 110 07/3Vi), Elevida Statutes, Lifurther of	artification tales information

Indicated only that the information does not quality for the exemption stated in Section 119.07(3)(1), 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.