2001 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # P97000054331

1. Entity Name

Principal Place of Business

SUN AMERICA MELBOURNE, INC.

FILED Mar 09, 2001 8:00 am Secretary of State

03-09-2001 90469 046 ***150.00

Suite 401 W Palm Beach FL 33401		505 S FLAGLER DR SUITE 401 W PALM BEACH FL 33401 US				928555				
2. Principal Place of Business		3. Mailing Address			1 1881 1881 1881 1881 1881 1881 1881 1					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN T	THIS SF	'ACE		
City & State	Э	City & State			4. F	El Number 65-0761259			oplied For ot Applicable	
Zip	Country	Zip	Zip Cour		5. (5. Certificate of Status Desired		\$8.75 Additional Fee Required		
	6. Name and Address of Current I	Registered Agent			7. N	lame and Address of New Registe	red Aç	jent		
				Name						
505 \$	ASON, SHELDON S FLAGLER DR			Street Address (P.O. Box Number is Not Acceptable)						
SUITI	LM BEACH FL 33401	nee							į	
W PALM BEACH PL 33401				City			FL	Zip Code	a	
8. The above	named entity submits this statement for	the purpose of changing it	s registere	ed office or rea	istered ad	ent, or both, in the State of Florida.				
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SIGNATURE .	/ Hmm	и								
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registere	d Agent signature re	quired when re	oinstating)	DATE			
Tax filing r	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	After MAY 1, 2	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			10. Election Campaign Financing Trust Fund Contribution.	g 		May Be	
11.	OFFICERS AND I		12.			I DITIONS/CHANGES TO OFFICERS	AND	DIRECTORS	3 IN 11	
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13. I hereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this report or supplemental 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 explowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an addips, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHELDON FROMSON 3/7/01

561-832-320

CR2E034 (10/0