


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

**FILED**  
**Feb 09 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000059127 (5)**  
 1. Corporation Name  
**SUN AND SKY ENTERPRISES INC.**



Principal Place of Business <del>705 S BLVD</del> <del>TAMPA FL 33606</del>	Mailing Address <del>705 S BLVD</del> <del>TAMPA FL 33606</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>13440 North 44th St</b>	2a. Mailing Address 26 <b>13440 North 44th St</b>
Suite, Apt. #, etc. 22 <b>Apt 1021</b>	Suite, Apt. #, etc. 27 <b>Apt 1021</b>
City & State 23 <b>Phoenix AZ</b>	City & State 28 <b>Phoenix AZ</b>
Zip 24 <b>85032</b>	Zip 29 <b>85032</b>
Country 25	Country 30

3. Date Incorporated or Qualified <b>07/07/1997</b>	4. FEI Number <b>59-3455481</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent  
~~TIFFANY, BRIAN~~  
~~705 S BLVD~~  
~~TAMPA FL 33606~~

10. Name and Address of New Registered Agent

81 Name <b>Florida Incorporators, Inc</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1221 Brickell Ave Ste 900</b>
83
84 City <b>Miami</b>
85 State <b>FL</b>
86 Zip Code <b>33131</b>

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 Mark Hankins **Mark Hankins, President** DATE **2/2/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TIFFANY, BRIAN</b>	
STREET ADDRESS	<b>705 S BLVD</b>	
CITY-ST-ZIP	<b>TAMPA FL 33606</b>	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P, D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>13440 North 44th Street, Apt 1021</b>	
1.3 STREET ADDRESS	<b>Phoenix AZ 85032</b>	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
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: TIFFANY SIGNATURE REQUIRED: TIFFANY 1/29/98 (602) 992 6025

CR2E034 (10/97)