

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

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90050 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000069842

1. Corporation Name
SUN INTERNATIONAL PRODUCE COMPANY

Principal Place of Business
712 U.S. HIGHWAY 1 - SUITE 400
NORTH PALM BEACH FL 33408-7146

Mailing Address
712 U.S. HIGHWAY 1 - SUITE 400
NORTH PALM BEACH FL 33408-7146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/11/1998
4. FEI Number
65-0855556
5. Certificate of Status Desired [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. [] Yes [X] No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25 29 30
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country

9. Name and Address of Current Registered Agent
~~CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525~~

10. Name and Address of New Registered Agent
81 Name
FRED C. COHEN
82 Street Address (P.O. Box Number is Not Acceptable)
83 712 U.S. Highway One, Ste 400
84 City No. Palm Beach, FL 85 Zip Code 33408

11. Pursuant to the provisions of Sections 607.0502 and 607.7508, 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: *Fred C. Cohen* DATE: 3-31-99

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	Gregg Leslie	
STREET ADDRESS	75 N.W. 13th Avenue	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE	VP/Asst. T/D	<input type="checkbox"/> DELETE
NAME	Orland Bethel	
STREET ADDRESS	3rd St. & Crooked Run Rd.	
CITY-ST-ZIP	No. Versailles, PA 15137	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	Gary Bethel	
STREET ADDRESS	8 Thomas Jefferson Dr.	
CITY-ST-ZIP	Irwin, PA 15642	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *Gregg Leslie* SIGNATURE REQUIRED President/Director 954/984-8088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0325/40
CR2E034 (4/1/98)