FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 PM 4:09

DOCUMENT # **S16821** **(8)**

1. Corporation Name
SUN SPLIT, INC.

Principal Place of Business	Mailing Address
5334 MALALUKA COURT 5205 SARASTOA CT CAPE CORAL FL 33904 US	5334 MALALUKA COURT 5205 SARASTOA CT CAPE CORAL FL 33904 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/04/1990
3a. Date of Last Report: 08/08/1994

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

4. FEI Number: 65-0236899 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MANSSON, ANDERS
2301 DEL PRADO BOULEVARD
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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 _____ (Signature, Typed or printed name of registered agent and title if applicable) (NEW Registered Agent Signature required if not previously filed) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MANSSON, ANDERS	12 NAME	
STREET ADDRESS	2301 DEL PRADO BOULEVARD	13 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	JOHANSSON, LEIF	22 NAME	
STREET ADDRESS	5334 MALALUKA CT.	23 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	LOWGREN, DAVID	32 NAME	
STREET ADDRESS	1670 EDITH ESPLANADE	33 STREET ADDRESS	
CITY ST ZIP	CAPE CORAL FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	LOWGREN, STEVE	42 NAME	
STREET ADDRESS	1670 EDITH ESPLANADE	43 STREET ADDRESS	
CITY ST ZIP	CAPE CORAL FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 changed, or added/deleted with an address.

SIGNATURE: X _____ ANDERS MANSSON 2-14-95 813-549-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0320016 CP