

.FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S16821 (8)**
1. Corporation Name
SUN SPLIT, INC.



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

Mailing Address
**5334 MALALUKA COURT
5205 SARASTOA CT
CAPE CORAL FL 33904
US**

2. Principal Place of Business

21
Suite, Apt. #, etc.
22
City & State
23
Zip Country
24

2a. Mailing Address

26 **2301 DEL PRADO BLVD**
Suite, Apt. #, etc.
27
City & State
28 **CAPE CORAL FL 33904**
Zip Country
29 **33904** 30 **Lee**

3. Date Incorporated or Qualified **12/04/1990** 3a. Date of Last Report **02/24/1995**
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. 193.032, Florida Statutes Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**MANSSON, ANDERS
2301 DEL PRADO BOULEVARD
CAPE CORAL FL 33990**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 607.0503, Florida Statutes.

SIGNATURE

SIGNATURE OF REGISTERED AGENT

SIGNATURE OF OFFICER OR DIRECTOR

DATE

12. OFFICERS AND DIRECTORS		
TITLE	D MANSSON, ANDERS	<input type="checkbox"/> DELETE
NAME	2301 DEL PRADO BOULEVARD	
STREET ADDRESS	CAPE CORAL FL	
CITY-STATE-ZIP		
TITLE	D JOHANSSON, LEIF	<input type="checkbox"/> DELETE
NAME	5334 MALALUKA CT.	
STREET ADDRESS	CAPE CORAL FL	
CITY-STATE-ZIP		
TITLE	D LOWGREN, DAVID	<input type="checkbox"/> DELETE
NAME	1670 EDITH ESPLANADE	
STREET ADDRESS	CAPE CORAL FL	
CITY-STATE-ZIP		
TITLE	D LOWGREN, STEVE	<input type="checkbox"/> DELETE
NAME	1670 EDITH ESPLANADE	
STREET ADDRESS	CAPE CORAL FL	
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 139.07(3)(k), 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; that I am a 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, unchanged, or correctly in Block 14 with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/96 < 9417549-7400

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