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Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mentham
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

3. Date first incorporated or organized 12/04/1990
3a. Date of last report 02/24/1996
4. FEI Number 65-0236899 Applied For Not Applicable
5. Certificate of Status Demand \$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. 199.03(2), Florida Statutes Yes No
10. Name and Address of New Registered Agent

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 2301 DEL PRADO BLVD
27 State, Apt. #, etc.
28 City & State
29 CAPE CORAL FL 33904
30 Zip Country
Lee

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 607.07(2) and 607.07(3)(b), Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, as both, as 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 607.07(2), Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

NAME: D MANSSON, ANDERS
STREET ADDRESS: 2301 DEL PRADO BOULEVARD
CITY, ST, ZIP: CAPE CORAL FL

NAME: D JOHANSSON, LEIF
STREET ADDRESS: 5334 MALALUKA CT.
CITY, ST, ZIP: CAPE CORAL FL

NAME: D LOWGREN, DAVID
STREET ADDRESS: 1670 EDITH ESPLANADE
CITY, ST, ZIP: CAPE CORAL FL

NAME: D LOWGREN, STEVE
STREET ADDRESS: 1670 EDITH ESPLANADE
CITY, ST, ZIP: CAPE CORAL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME Change Addition
2. STREET ADDRESS
3. CITY, ST, ZIP
4. TITLE Change Addition
5. NAME
6. STREET ADDRESS
7. CITY, ST, ZIP
8. TITLE Change Addition
9. NAME
10. STREET ADDRESS
11. CITY, ST, ZIP
12. TITLE Change Addition
13. NAME
14. STREET ADDRESS
15. CITY, ST, ZIP
16. TITLE Change Addition

VB 3-17

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-03/18/97--01014--004
***165.00

14. I declare that the information furnished herein is true and correct and does not conflict with the information furnished in any other report filed with the Secretary of State. I further declare that the information furnished herein is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the person or persons authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on the report as required by Section 607.07(2), Florida Statutes.

SIGNATURE: X _____

2/23/97 (94) 549-7400