

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

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95 MAY -1 AM 10:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S30477 (1)			
1. Corporation Name SUTHERLYN CORP.			
Principal Place of Business 2095 N.E. 120TH ROAD NORTH MIAMI FL 33181		Mailing Address 2095 N.E. 120TH ROAD NORTH MIAMI FL 33181	
2. Principal Place of Business		3a. Date of Last Report	
21		02/06/1991	
22 Suite, Apt. #, etc.		3b. Date of Last Report	
23 City & State		02/06/1994	
24 Zip		3c. Date of Last Report	
25 Country		02/06/1994	
26 Mailing Address		3d. Date of Last Report	
27 Suite, Apt. #, etc.		02/06/1994	
28 City & State		3e. Date of Last Report	
29 Zip		02/06/1994	
30 Country		3f. Date of Last Report	
31 Country		02/06/1994	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BATCHELDER, DRAKE M. 500 EAST BROWARD BOULEVARD #1000 FT. LAUDERDALE FL		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when resigning)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
D BERLYN, GERALD E. 2095 NE 120TH RD N. MIAMI FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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 110.07(3)(b), 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: <i>Gerald E. Berlyn</i>		GERALD E. BERLYN 4-27-95	