

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Tallahassee, Florida 32399

DOCUMENT # **S79277** (7)
SUNUNU MANAGEMENT, INC.

APPROVED AND FILED
COMM - 1 MAY 9 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Registered: **1302 PELICAN LN. GULFSTREAM FL 33483**
Mailing Address: **1302 PELICAN LN. GULFSTREAM FL 33483**

Date first written in this report: **09/06/1991** Date of last report: **05/01/1994**

2. Principal Office (FL Statute 21) **21** 2a. Mailing Address: **26** 4. FEI Number: **65-0286856** Applied For: Not Applicable:

22. State App. # etc: **27** 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **28** 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. 25. 29. 30. 8. True or false (FL Statute 29) Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **SUNUNU, CHARLES 1302 PELICAN LN. GULFSTREAM FL 33483**

10. Name and Address of New Registered Agent:

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

11. Pursuant to the provisions of Sections 210.01 and 210.02, Florida Statutes, the above named corporation admits this statement for the purpose of changing its registered office or registered agent, as both in the State of Florida, and no change was authorized by the corporation's board of directors, thereby affirming the appointment as registered agent, in accordance with the provisions of Sections 210.01 and 210.02, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS:

1. TITLE: PD	1. NAME: SUNUNU, CHARLES	1. CHANGE: <input type="checkbox"/>	1. ADDITION: <input type="checkbox"/>
2. TITLE: _____	2. NAME: _____	2. CHANGE: <input type="checkbox"/>	2. ADDITION: <input type="checkbox"/>
3. TITLE: _____	3. NAME: _____	3. CHANGE: <input type="checkbox"/>	3. ADDITION: <input type="checkbox"/>
4. TITLE: _____	4. NAME: _____	4. CHANGE: <input type="checkbox"/>	4. ADDITION: <input type="checkbox"/>
5. TITLE: _____	5. NAME: _____	5. CHANGE: <input type="checkbox"/>	5. ADDITION: <input type="checkbox"/>
6. TITLE: _____	6. NAME: _____	6. CHANGE: <input type="checkbox"/>	6. ADDITION: <input type="checkbox"/>
7. TITLE: _____	7. NAME: _____	7. CHANGE: <input type="checkbox"/>	7. ADDITION: <input type="checkbox"/>
8. TITLE: _____	8. NAME: _____	8. CHANGE: <input type="checkbox"/>	8. ADDITION: <input type="checkbox"/>

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 210.02(3)(b), Florida Statutes. I further certify that the information is correct on the annual report or supplemental annual report as 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 trustee or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears on the filing. I have not changed my residential address.

SIGNATURE: *Charles Sununu* **Charles Sununu** 4/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR