

4-1-98 B 4044 C  
**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 01 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # V28549 (6)**  
 1. Corporation Name  
**SUNTRUST FINANCIAL CORP.**



Principal Place of Business: 7771 W OAKLAND PARK BLVD #140 SUNRISE FL 33351  
 Mailing Address: 7771 W OAKLAND PARK BLVD #140 SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 2525 N. STATE Rd. 7, Suite, Apt. #, etc. 100, City & State: Holly wood, Florida, Zip: 33021, Country: USA  
 2a. Mailing Address: 26 2525 N. STATE Rd 7, Suite, Apt. #, etc. 100, City & State: Holly wood, Florida, Zip: 33021, Country: USA  
 3. Date Incorporated or Qualified: 04/14/1992  
 4. FEI Number: 65-0325248, 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 owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent: FITZGERALD, KATHLEEN, 7771 W OAKLAND PARK BLVD, STE 140, SUNRISE FL 33351  
 10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable): 2525 N. State Rd. 7 #100, 83, 84 City: Holly wood, FL 85 Zip Code: 33021

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 provisions of, Section 607.0505, Florida Statutes.  
 SIGNATURE: *Kathleen S. Fitzgerald* DATE: 3/24/98  
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, JACK	1.2 NAME	
STREET ADDRESS	7771 W OAKLAND PARK BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	
TITLE	OFFS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIER, DOREEN	2.2 NAME	PRESIDENT
STREET ADDRESS	7771 W OAKLAND PARK BLVD	2.3 STREET ADDRESS	2525 N. STATE Rd. 7 #100
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	Holly wood, Florida 33021
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.  
 SIGNATURE: *Doreen Thier* DOREEN THIER 3/24/98 966-8100  
 (954)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0504072

CR2E034 (10/97)