## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 12 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	MENT # V28668 AL SUN IMAGES, INC.	(4)							
Principal Place	e of Business	Mailing Address						AND BERN RIGHT	
523 TRUMAN AVE. KEY WEST FL 33040		523 TRUMAN AVE. KEY WEST FL 33040-3155							
2, Principal Pi	lace of Businoss	2a. Mailing Address				3. Date Incorporated or Qualified  04/15/1992  4. FEI Number	4	nte of Last Ro 01/1996	eport plied For
21		26				65-0326418			Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.					\$8.75 A	
22		27				5. Certificate of Status Desired		Fee Re	quired
City & State	е	City & State				6. Election Campaign Financing	<b></b>	\$5.00	
Zip	Country Zip					Trust Fund Contribution		Added to	
24	25					8. This corporation has liability for Florida Statutes		tax under s. ∃No	199.032,
<u> </u>	g. Name and Address of Current		_ ا			10. Name and Address of New R			
ROR	INSON, CHARLES		81	N	lame			·	
523 TRUMAN AVENUE				ŝ	treet Addres	ss (P.O. Box Number is Not Accepta	ble)		
KEY WEST FL 33040			L	J					
			83	3					
			84	ı C	ily		FL	85 Zip 0	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida, Such change was author agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida (					amed corpo	ration submits this statement for the	nurpose of	changing it	s registered
office or r	egistered agont, or both, in the State on familiar with and account the obligat	of Florida. Such change was a	uthorized b	y th	e corporatio	n's board of directors. I hereby acco	pl the app	ointment as	registered
SIGNATURE	The partition and accept the congain	10113 01, 00011011 001 10000, 110	The Other						
SIGNATURE	Signature typed or printed name of registered agent		: Registered Ag	jent si	gnature required	when reinstating)	DATE		
12.	OFFICERS AND		13.		—— <del>, —</del> ——	ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTOR Change	S IN 12 Addition
TITLE	DP DEFINE							L. Gliange	Muniton
NAME STREET ADDRESS	ROBINSON, CHARLES 523 TRUMAN AVE.		1.2 NAME 1.3 STREET ADDRESS						
CITY-ST-ZIP	KEY WEST FL		1.4 CITY-S1-7/P		1				
TITLE	ST DELFTE			31.11	······································			Change	Addition
NAME	ROBINSON, CHARLES		2.2 NAME	2.2 NAME					
STREET ADDRESS	523 TRUMAN AVE.		2.3 STREE	1 ADE	ORESS				
CITY-ST-ZIP	KEY WEST FL		2. 4 CiTY-	\$1-7	'IP		<del> </del>		
TITLE	- OCLETE		3.1 TITLE					☐ Change	Addition [
NAME			3.2 NAME						
STREET ADDRESS			3 3 STREE						
CITY-ST-ZIP		DELETE	3.4, CITY- 4.1 TITLE	SI - Z	TP			Change	Addition
NAME		Em Peccit	4. 2 NAMÉ	:				L. Cridings	7.000.00
STREET ADDRESS			4.3 STREE		ORESS				
CITY-ST-ZIP			4.4 CITY-		- 1				
TITLE	DELETE		5.1 TITLE					Change	Addition
NAME			5.2 NAME						Ì
STREET ADDRESS			5.3 STREE	i ade	ORESS				
CITY-ST-ZIP		····	5.4 CITY-	\$1-7	P	- A			
TITLE		DETELE	6.1 TITLE					Change	Addition
NAME			6.2 NAME						

14. I do 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 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, the corporation or truble or further certify the corporation or the corporation or the corporation of the cor