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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # V58179

(5)

SUN DEVELOPMENT ENTERPRISES, INC.

FILED Apr 10 1997 8:00am Secretary of State



Principal Plac	e of Business		DY HAND HANDEN THE R	IWIT BEDEL BENGE		B1011 1901			
4457 63RD CIRCLE NORTH PINELLAS PARK FL 34665 4457 63RD CIRCLE NORTH PINELLAS PARK FL 33781-5914									
					3. Date incorporated 08/13/1992	or Qualified	3a. Date 04/02/		Report
2. Principal P 21 350l	Gandy Blvd.	28. Mailing Address 26 3501 Gand	ly B	Ivd.	4. FEI Number 59-3147528				oplied For
Suite, Apt		Suite, Apt. #, etc.	y 102	<u> V P (• </u>	5. Certificate of State	e Desired			Additional
22		27							beriupe
City & Stat Pine l	llas tark, FL	City & State 28 Pinellas Pa	rK,	FL	6. Election Campaig Trust Fund Contrib	•			May Be to Fees
^{7φ} 337	81 Country	^{Zip} 33781 3	Country	sA	8. This corporation h		ntangible tax		s. 1 9 9.032,
14 32 1	9. Name and Address of Currel		0) (4	<u>SN</u>	Florida Statutes 10. Name and Addre				
FAAS	S, PHILLIP G.		81	Name				\\	
	63RD CIRCLE NORTH		82	Street A	ddress (P.O. Box Number is	Not Acceptab	e)		
PINE	LLAS PARK FL 34665						·-,		
			83						
			84	City			FL	35 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607, 1508. Florida Statutes.	the above	-named c	orgonation submits this state	ment for the p		angino i	ts registered
agent. La SIGNATURE	registered agent, or both, in the State im familiar with, and accept the oblig	gations of, Section 607.0505, Florid	da Statutes	,		,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	729,010.00
	 Stonature Teved or printed name of moistered ac 	eot and title if applicable. (NOTE: F	legistered Age	ot signature re	outred when reinstation)		DATE		
12.	Signature typed or printed name of inguitares an OFFICERS AN	cot and site if applicable. (NOTE: F ND DIRECTORS	legistered Age	nt signature re	quired when reinstating) ADDITIONS/CHAN	SES TO OFFIC	DATE ERS AND D	RECTO	RS IN 12
	OFFICERS AN			nt signature re	······································	GES TO OFFIC	ERS AND D	RECTO! Change	RS IN 12
12. TITLE NAME	OFFICERS AN P FAAS, PHILLIP G.	ID DIRECTORS	13.	nt signature re	······································	BES TO OFFIC	ERS AND D		
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Information inclicated 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.

Date

Daytime Phone #