

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

FILED

Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V60516

(4)

1. Corporation Name

SUNCO BUILDING CORPORATION

Principal Place of Business

4500 PGA BLVD.
SUITE 400
PALM BEACH GARDENS FL 33418

Mailing Address

4500 PGA BLVD.
SUITE 400
PALM BEACH GARDENS FL 33418-3965



3. Date Incorporated or Qualified

08/27/1992

3a. Date of Last Report

03/12/1996

4. FEI Number

65-0355867

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

DIVOSTA, OTTO B.
4500 PGA BLVD.
SUITE 400
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HATHAWAY, CHARLES H	
STREET ADDRESS	4500 PGA BLVD	
CITY-ST-ZIP	PALM BEACH GRDNS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TROTTA, GLEN T	
STREET ADDRESS	4500 PGA BLVD	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	MCKENNA, JAMES O. J	
STREET ADDRESS	4500 PGA BLVD	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIVOSTA, OTTO B	
STREET ADDRESS	4500 PGA BLVD.	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	OWEN, JACK B. J	
STREET ADDRESS	4500 PGA BLVD., SUITE 400	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MICHAEL D. ROSSEN	
STREET ADDRESS	4500 PGA BOULEVARD	
CITY-ST-ZIP	PALM BEACH GARDENS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	OWEN, JACK B. JR.	
1.3 STREET ADDRESS	4500 PGA BOULEVARD, SUITE 400	
1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FLORIDA 33418	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROSEN, MICHAEL D.	
2.3 STREET ADDRESS	4500 PGA BOULEVARD, SUITE 400	
2.4 CITY-ST-ZIP	PALM BEACH GARDENS, FLORIDA 33418	
3.1 TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GREENE, RICHARD E.	
3.3 STREET ADDRESS	4500 PGA BOULEVARD, SUITE 400	
3.4 CITY-ST-ZIP	PALM BEACH GARDENS, FLORIDA 33418	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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:

Charles H. Hathaway

1/16/97

(561) 627-2112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)