

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90079 042 ***150.00

DOCUMENT # V60516

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/27/1992	
4. FEI Number 65-0355867	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HATHAWAY, CHARLES H	1.2 NAME	SMITH, HARMON D.
STREET ADDRESS	4500 PGA BLVD	1.3 STREET ADDRESS	4500 PGA BLVD., SUITE 400
CITY-ST-ZIP	PALM BEACH GRDNS FL	1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSEN, MICHAEL D	2.2 NAME	STOLLER, JOHN R.
STREET ADDRESS	4500 PGA BLVD, SUITE 400	2.3 STREET ADDRESS	33 BLOOMFIELD HILLS PARKWAY, SUITE 200
CITY-ST-ZIP	PALM BEACH GARDENS FL	2.4 CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48304-2946
TITLE	VST <input type="checkbox"/> DELETE	3.1 TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OWEN, JACK B. J	3.2 NAME	ROBINSON, BRUCE E.
STREET ADDRESS	4500 PGA BOULEVARD, SUITE 400	3.3 STREET ADDRESS	33 BLOOMFIELD HILLS PARKWAY, SUITE 200
CITY-ST-ZIP	PALM BEACH GARDENS FL	3.4 CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48304-2946
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIVOSTA, OTTO B	4.2 NAME	OWEN, JACK B. JR.
STREET ADDRESS	4500 PGA BLVD.	4.3 STREET ADDRESS	4500 PGA BLVD., SUITE 400
CITY-ST-ZIP	PALM BEACH FL	4.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHANNON, WILLIAM E.	5.2 NAME	GREENE, RICHARD E.
STREET ADDRESS	4500 PGA BLVD., SUITE 400	5.3 STREET ADDRESS	4500 PGA BLVD., SUITE 400
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	5.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TROTTE, GLEN T.	6.2 NAME	RING, CURTIS K.
STREET ADDRESS	4500 PGA BLVD., SUITE 400	6.3 STREET ADDRESS	4500 PGA BLVD., SUITE 400
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	6.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418

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, with all other like empowered.

SIGNATURE: *William E. Shannon* REQUIRED

Signature and typed or printed name of signing officer or director

2/4/99

(561) 627-2112

Date

Daytime Phone #

033139

CR2E034 (1/198)