FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (6)V60624 **DOCUMENT #** SUN WYRE, INC. Mailing Address Principal Place of Business 4261 MONUMENT AVE D 103 CENTURY 21 4261 MONUMENT AVE LINIT 104 DRIVE,#101 JACKSONVILLE FL 32225 JACKSONVILLE FL 32225 3a. Date of Last Report 3. Date Incorporated or Qualified JACKSONVILLE, FL 32216 05/01/1995 08/28/1992 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-3141178 Not Applicable 103 CENTURY 26 $D_{1}TTO$ 21 \$8.75 Additional Suite, Apt. #, etc. Suite Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 6. Election Campaign Financing City & State \$5.00 May Be Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199.032, Country Florida Statutes Yes No DUNA 30 25 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name DALE, HOWARD L Street Address (P.O. Box Number is Not Acceptable) 135 W BAY STREET 83 SUITE 200 JACKSONVILLE FL 32202 85 Zip Code 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. CATE Signature, typed or printed name of registered agent and too 4 applicable (NOTe: Finglisheren Agent signat zein, geliech which reinst ithig (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 **X**0ELETE PRESIDENT VICTORA DORSTON 103 CENTURY 21 DR. # 101 1 1 10 UF TIFLE **CR2E034** DORSTEN, VICTOR A 1.2 NAME NAM: 4251 MONUMENT AVE. UNIT #104 1.3 STREET ADDRESS STREET ADDRESS JACKS WILLE, FL 32216 JACKSONVILLE FL 1.4 CHY+SI+ZIF CITY - \$1 - 719 Change Addition DELETE 2 1 TITLE 2.2 NAM6 NAME 2.3 STREET ADDRESS STREET ADORESS 24 CiTY - ST - ZiP CITY-ST-ZIP Change Addition DELETE 3 1 DILE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY -ST-ZIP CITY - ST - ZIP Change Addition DELETE 4 1 THE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP DITY-ST-ZIP Change ■ Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Add tion ☐ Change DELETE 6 1 THILE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY - ST - ZIF 14. I do hereby certify that the information supplied vith this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this angual 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 conforation or the receiver or trustee empty wered to execute this report as required by Chapter 607. Florida Statutes; and that my name oath; that I am an officer or director appears in Block 12 or Block 13/if (

Daytime Phone #

Date