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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # V63315

1. Corporation Name

(8)

SUN HAVEN INVESTMENTS, INC.

Principal Place	of Bucineer	Moiting Address		·			
Principal Place of Business PALM BEACH SUITE 201 BOCA RATON FL 33433 US		22071 MARTELL SUITE 201	Mailing Address 22071 MARTELLA AVENUE SUITE 201 BOCA RATON FL 33433 US				
		US			3. Date incorporated or Qualified 09/14/1992	3a. Date of Last F 04/19/19	•
Principal Place of Business The Principal Place of Business		2a. Mailing Address 26		4. FEI Number 65-0357306		Applied For Not Applicable	
Suite, Apt. (t, etc.	Suite, Apt. #, (etc.		5. Certificate of Status Desired	\$8.7	5 Additional
City & State		City & State			6. Election Campaign Financing	- \$5.0	Required May Be
23		28			Trust Fund Contribution	L. Adde	d to Fees
Zip 24	Country 25	Zip 29	 	untry	8. This corporation has liability for i		199.032,
	9. Name and Address of Curr		30		Florida Statutes Yes 10. Name and Address of New R		
				81 Name	IV. ISSUED BITO MODITORS OF NEW A	oRistolog Wilall	
WILLIS, I	DONALD M.						
22071 MARTELLA AVE					ddress (P.O. Box Number is Not Acceptable)		
BUCA K	ATON FL 33433			83			
				84 City	_	FL 85 Zi	p Code
11. Pursuant to or registere familiar with	ed agent, or both, in the State of Flo b, and accept the obligations of Se	ection 607 0505/Etorid# St	atutes #////	corporation style			
familiar with	9, and accept the obligations of, Se DOWALD M Signature, typed or printed name of registered as	PILLIS CO	nold M	Agent signature require		DATE	DRS IN 12
familiar with	9, and accept the obligations of, Se DOWALD M Signature, typed or printed name of registered as	ent and little if applicable	(NOTE Registered	Agent signaturo requir	Ted when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	
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cartily that the mormation prolicated prints annual report of supplemental annual report is true and accurate and triat 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 professor 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 and have attaching it with an address.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 8-96 407 451 0022