

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V71301 (8)**

1. Corporation Name
SUNAR HOLDING, INC.



Principal Place of Business: **1301 NE 14TH STREET Ocala FL 34470**
Mailing Address: **1301 NE 14TH STREET Ocala FL 34470**

3. Date Incorporated or Qualified: **10/15/1992**
3a. Date of Last Report: **02/07/1995**

2. Principal Place of Business
21 **2935 SE 58th Avenue**
Suite, Apt. #, etc. **Suite 4**
City & State **Ocala, FL**
Zip **34471** Country **USA**
22 **Suite 4**
27 **Suite 4**
23 **Ocala, FL**
28 **Ocala, FL**
24 **34471** 25 **USA** 29 **34471** 30 **USA**

4. FEI Number: **65-0354842**
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

10. Name and Address of New Registered Agent

FUNK, RAINER D
1301 NE 14TH STREET
OCALA FL 34470

81 Name: **FUNK, Rainer D.**
82 Street Address (P.O. Box Number is Not Acceptable): **2935 SE 58th Avenue Suite 4**
83 **Suite 4**
84 City: **Ocala** FL 85 Zip Code: **34471**

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ARNOLD, JOHANN	
STREET ADDRESS	1301 NE 14TH STREET	
CITY - ST - ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARNOLD, RUTH	
STREET ADDRESS	1301 NE 14TH STREET	
CITY - ST - ZIP	OCALA FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ARNOLD, SABINE	
STREET ADDRESS	1301 NE 14TH STREET	
CITY - ST - ZIP	OCALA FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	FUNK, RAINER D	
STREET ADDRESS	1301 NE 14TH STREET	
CITY - ST - ZIP	OCALA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2935 SE 58th Avenue
1.4 CITY - ST - ZIP	Zip 34471
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2935 SE 58th Avenue
2.4 CITY - ST - ZIP	Zip 34471
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2935 SE 58th Avenue
3.4 CITY - ST - ZIP	Zip 34471
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	2935 SE 58th Avenue
4.4 CITY - ST - ZIP	Zip 34471
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 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 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: *Rainer D. Funk*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 25 1996
Date
352-624-7352
Daytime Phone #

CR2E034 (12/95)