SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # (6)THE SUNVEST GROUP, INC. Mailing Address Principal Place of Business 8623 BRIDLE PATH CT 8623 BRIDLE PATH COURT DAVIE FL 33328 DAVIE FL 33328 3a. Date of Last Report 3. Date Incorporated or Qualified 10/16/1992 05/01/1995 Applied For A FELNumber 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0368148 21 \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desireo Suite, Apt. #, etc. Γ Fee Required 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032 Country Country $Z_{1}p$ Zip Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BECKER, JUNE Street Address (P.O. Box Number is Not Acceptable) 82 8623 BRIDLE PATH COURT **DAVIE FL 33328** 83 Zip Code 85 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. SIGNATURE (NOTE: Ray stered Agent's gnature required when reinstating) Signature, type tim pricts tin one of registered agont and lide if applicable (3/86) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1 1 TITLE TITLE PTS 1.2 NAME BECKER, JUNE NAME 1 3 STREET ADDRESS 8623 BRIDLE PATH COURT STREET ADDRESS 14 CITY - ST - ZIP DAVIE FL 33328 CITY-ST-ZIP Change Addition DELETE 2 1 Tift F TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - \$T - ZIP CITY-ST-ZIP Change Addition DELFTE 3.1 TITUE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST ZIP CHTY - ST - ZIP Change Addition DELETE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C/TY - \$1 - ZIP CITY - ST - ZIP Change Addition DELETE 5 1 111LE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST-ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CHY - ST - ZIP

SIGNATURE:

that my name appears in Blo

nt with an address

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapted or or an attachment with an address. 8/6/96

CR2E034