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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # F26293

(3)

SUN COMMERCIAL REAL ESTATE, INC.

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| Apr 14 1997 8:00an | n |
| Secretary of State | |

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| Principal Place 425 WEST MER MERRITT ISLAN US | | Mailing Address 425 WEST MERRITT AVENU MERRITT ISLAND FL 32953 US | | |) tebulba uus ulain anut miist riista ulai jista kali jista bisti austi austi austi liibil | | | | | |
|---|--|---|---------------------------|-----------------------|--|-------------------|-----------------|-----------------------|--|--|
| | | | | | 3. Date Incorporated or Qualified 03/23/1981 | 3a. Date 12/13 | of Last R | eport | | |
| | lace of Business | 2a. Mailing Address | | 71 | 4. FEI Number | | | oplied For | | |
| L | orth Courtenay Pkwy | 1+0 | ourtena | y Pkwy. | 59-2065580 | | | ot Applicable | | |
| Suite Apt Suite Apt | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | | Additional equired | | |
| City & Stat | | City & State | | | 6. Election Campaign Financing | | | ····· | | |
| | tt Island, FL | Merritt Isla | and, FL | | Trust Fund Contribution | | | May Be to Fees | | |
| Zip | Country | Zip | Country | / | 8. This corporation has liability for in | ntangible ta | ***** | | | |
| 24 32953 | -4770 25 US | 29 32953-4770 | 30 US | | Florida Statutes | Yes 🔲 | No | , | | |
| | g. Name and Address of Curre | nt Registered Agent | | | 10. Name and Address of New Reg | Jistered Ag | jent | | | |
| BAR | GER, JOHN C. | | 81 | Name | | | | | | |
| 4590 | ANNETTE COURT | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable | le) | | | | |
| MER | RITT ISLAND FL 32953 | | | | | <u> </u> | | | | |
| | | | 83 | | | | | | | |
| | | | 84 | City | | T | 85 Zip (| Code | | |
| | | | | | | FL | | | | |
| SIGNATURE | Signature, type 3 or printed transe of registered as OFFICERS At | gent and tille it applicable (NOTE ND DIRECTORS | E Registered Age | ent signature require | ed when reinstating) ADDITIONS/CHANGES TO OFFIC | DAYE ERS AND D | DIRECTOF | RS IN 12 | | |
| Witt | PD | ☐ DELETE | 1.1 TITLE | | | | Change | Addition | | |
| NAME | BARGER, JOHN C | | 1.2 NAME | | | | | | | |
| STHEFF ADDRESS | 4590 ANNETTE COURT | | 1.3 STREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | MERRITT ISLAND, FL 00000 | | 1.4 CITY - 5 | ST - ZIP | | | | | | |
| TITLE | VSD | DELETE | 2.1 TITLE | | | L | Change | Addition | | |
| NAME | BARGER, MARY L | | 22 NAME | | | | | | | |
| STREET ADDRESS | 4590 ANNETTE COURT | | 23 STREET | ADDRESS | (2) | | | | | |
| CiTY-\$1-ZiP | MERRITT ISLAND FL | | 2. 4 CITY- | ST-ZIP | | | | | | |
| TITLE | | DELETE | 3.1 TITLE | | | | Change | Addition Addition | | |
| NAME | | | 3.2 NAME | } | | | | | | |
| STREET ADDRESS | | | 3.3 STREET | ADDRESS | | | | | | |
| C(TY - ST - ZH) | | | 3.4. CITY- | ST-ZIP | CANADA CONTRACTOR OF CANADACTOR OF CANADACTO | | | - F | | |
| THLE | | L DELETE | 4.1 TITLE | ļ | | L | Change | Addition | | |
| NAME | | | 4. 2 NAME | | | | | | | |
| STREET ADDRESS | | | 4.3 STREET | | | | | | | |
| CITY+ST-ZIP | | DELETE | 4.4 CITY - 8 | ST - ZIP | | | Change | Addition | | |
| TATLE | | ריין מנדנוג | 5.1 TITLE | | | L | _] Change | L.J. MUURION | | |
| NAME DIVILLA AGGILLOS | | | 52 NAME | | | | | | | |
| STREET ADDRESS | | | 5.3 STREET | } | | | | | | |
| CITY-SI-ZIP TITLE | | ☐ DELETE | 5.4 CITY - S 6.1 TITLE | 11 - ZIP | | T | Change | Addition | | |
| NAMÉ | | □ otteit | | | | ا | a puendo | Family Addition | | |
| j | } | | 6.2 NAME | ADDOLOG | | | | | | |
| STREET ADORESS | | | 6.3 STREET | l l | | | | | | |
| C(TY+S1+7)P 14. Lido here: | I | ed with this filing does not qualif | 6.4 CITY-S | | in Section 119.07(3)(i). Florida Statutes | Lfurther c | ertify that | the | | |

1. For nereby 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 inchanged or on an attachment with an address.

SIGNATURE:

OFFICER OR DIRECTOR

(402) 452-433.

Daviene Phone * 9001180