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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS **DOCUMENT #** P95000063577 (7) SUTTON PARK PROPERTIES, INC. Principal Place of Business Mailing Address **804 S FEDERAL HWY** 804 S FEDERAL HWY HALLANDALE FL HALLANDALE FL 3. Date incorporated or Qualified 3a. Date of Last Report 08/16/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 27 City & State Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıp Country Ζiρ Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SUTTON, JAMES G 82 Street Address (P.O. Box Number is Not Acceptable) 804 S FEDERAL HWY HALLANDALE FL 83 84 City 85 Zip Code 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaring) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1. 1 TITLE NAME SUTTON, JAMES G 1.2 NAME STREET ADDRESS 804 S FEDERAL HWY LANDALE, 71 1.3 STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 1.4 CITY-ST-ZIP TITLE DELETE 2. 1 TILLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CiTY-ST-ZIP THLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 3.4 CITY - \$1 - ZIP TITLE DELETE 4.13/fle Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5. 1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-ST-ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-S1-ZIF 6.4 CHY-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 annual report is true and accurate and that my signature shall have the same legal effect as if made under annual report is true and accurate and that my signature shall have the same legal effect as if made under annual report is true and accurate and that my signature shall have the same legal effect as if made under annual report is true and accurate and that my signature shall have the same legal effect as if made under annual report is true and accurate and that my signature shall have the same legal effect as if made under annual report is true and accurate and that my signature shall have the same legal effect as if made under annual report is true and accurate and that my signature shall have the same legal effect as if made under annual report is true and accurate and that my signature shall have the same legal effect as if made under annual report is true and accurate and that my signature shall have the same legal effect as if we have the same legal effect a

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF

DIRECTOR DIRECTOR 4/28/96

CR2E034 (12/95)