

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90103 041 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P97000079472**

1. Corporation Name  
**SUN COUNTRY REALTY OF FLORIDA, INC.**



Principal Place of Business  
 126 PONDELLA CIRCLE  
 NORTH FT MYERS FL 33903  
 US

Mailing Address  
 1206 PONDELLA CIRCLE  
 N FT MYERS FL 33903  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/12/1997**

2. Principal Place of Business  
 21 **1206 PONDELLA CIRCLE**

2a. Mailing Address  
 26 Suite, Apt. #, etc.

4. FEI Number  
**65-0785215**

Applied For  
 Not Applicable

22 Suite, Apt. #, etc.

23 City & State  
**NORTH FT. MYERS FLA.**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

24 Zip **33903** 25 Country **USA**

28 City & State

29 Zip 30 Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**BRIGGS, MARION**  
**2128 SW 40TH TERR.**  
**CAPE CORAL FL 33914**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PRESIDENT / SECRETARY / TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRIGGS, MARION</b>	1.2 NAME	<b>BRIGGS, MARION</b>
STREET ADDRESS	<b>2128 SW 40TH TERR.</b>	1.3 STREET ADDRESS	<b>2128 SW 40TH TERR.</b>
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	1.4 CITY-ST-ZIP	<b>CAPE CORAL, FLA. 33914</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<del>CAPE CORAL</del> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>DIRECTOR - D.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>JOHN T. CORRELL</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>5581 BURNHAM COURT</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>N. FT. MYERS, FLA. 33903</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marion Briggs Date: 4/10/99 Daytime Phone #: 941 995-6001

CR2E034 (1/98)