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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

4. FEI Number
65-0785215

Applied For
 Not Applicable

Suite, Apt. #, etc.
22

City & State
23 North Ft. Myers Fla.

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

Zip
24 33903

Country
25 USA

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

City & State
28

Zip
29

Country
30

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	D <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT / SECRETARY / TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIGGS, MARION	1.2 NAME	BRIGGS, MARION
STREET ADDRESS	2128 SW 40TH TERR.	1.3 STREET ADDRESS	2128 SW 40TH TERR.
CITY-ST-ZIP	CAPE CORAL FL 33914	1.4 CITY-ST-ZIP	CAPE CORAL, FLA. 33914
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	CAPE CORAL <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	DIRECTOR - D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	JOHN T. CORRELL
STREET ADDRESS		3.3 STREET ADDRESS	5581 BURNHAM COURT
CITY-ST-ZIP		3.4 CITY-ST-ZIP	N. FT. MYERS, FLA. 33903
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 **4/10/99** **941 995-6001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)