FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 8:37

DOCUMENT # S64985 (2)

1. Corporation Name
SUN CITY CENTER CORP.

Principal Place of Business
~~1602 WEST TIMBERLANE DRIVE~~
~~PLANT CITY FL 33567~~

Mailing Address
~~1602 WEST TIMBERLANE DRIVE~~
~~PLANT CITY FL 33567~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/09/1991	3a. Date of Last Report: 02/14/1994
4. FEI Number: 59-3120468	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business
21 2020 Clubhouse Dr
22 Suite, Apt. #, etc. P.O. Box 5198
23 City & State Sun City Center, FL
24 Zip 33573 25 Country

2a. Mailing Address
26 2020 Clubhouse Dr.
27 Suite, Apt. #, etc. P.O. Box 5198
28 City & State Sun City Center, FL
29 Zip 33573 30 Country

9. Name and Address of Current Registered Agent

FLINN, MILTON G
2020 CLUBHOUSE DR
SUN CITY CENTER FL 33573

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: [signature] Registered Agent 1/27/95
(Signature, Typed or printed name of registered agent and title if applicable) (If FILED, Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOFFMAN, ALFRED JR.
STREET ADDRESS	1602 WEST TIMBERLANE DR.
CITY-ST-ZIP	PLANT CITY FL
TITLE	V
NAME	FLINN, MILTON G
STREET ADDRESS	2020 CLUBHOUSE DR
CITY-ST-ZIP	SUNCITY CENTER FL 33573
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-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)(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.

SIGNATURE: [signature] 1/27/95 813-634-3311
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR Date Daytime Phone Number

0200187 CP