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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 157256

(9)

SUN CITY ADMINISTRATIVE COMPANY, INC.

(S NC

Mailing Address

FILED	
Jun 06 1997 8:00am	1
Secretary of State	

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FT LAUDERDA		FT LAUDERDALE FL 33309-	6309			
					3. Date Incorporated or Qualified 02/21/1949	3a. Date of Last Report 07/01/1996
2. Principal P	Plac e of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-0596364	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	☐ Added to Fees
Zip	Country	Zip	Country		B. This corporation has liability for in	ntangible tax under s. 199.032,
24	25		30			Yes No
414	9. Name and Address of Cui	rrent Registered Agent	81	Name	10. Name and Address of New Reg	distered Agent
	CHEN, MALVIN		61	Name		
	IS N.W. 35TH AVENUE #15 LAUDERDALE FL 33309		82	Street Add	ress (P.O. Box Number is Not Acceptab	e)
			83			
			84	City		FL 85 Zip Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607. registered agent, or both, in the Si am familiar with, and accept the ob	0502 and 607, 1508, Florida Statutes tate of Florida. Such change was au bligations of, Section 607,0505, Flori	s, the above ithorized by ida Statutes	e-named corp the corpora	poration submits this statement for the pelion's board of directors. I hereby accep	
SIGNATURE						
	Signature, typed or printed name of registered			nt signature requ	red when reinstating)	DATE
12. Title	PD	AND DIRECTORS DELETE	13.	Т	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	MINKIN, GUSTAVE	☐ beter				[] Change [] Addition [
-	5545 NW 35 AVE		1.2 NAME			
STREET ADDRESS	FT LAUDERDALE FL		13 STREET			
CITY-ST-ZIP TITLE	OEO	DELETE	1.4 CITY-S 21 TITLE	f - ZIP		Change Addition
NAME	AVCHEN, MALVIN		22 NAME			
STREET ADDRESS	5545 NW 35 AVE		2 3 STREET	ADDOCCO		
CITY-ST-ZIP	FT LAUDERDALE FL		2 4 City-9			
TITLE	SD	DELETE	3.1 TITLE	91 - £)r		Change Addition
NAME	ZALKA, SAUL		3.2 NAME			
STREET ADDRESS	5545 NW 35 AVE		3 3 STREET	ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		3 4. CITY - S			
TITLE		☐ DEŁF1E	4.1 TITLE			☐ Change ☐ Addition
NAME	JAFRI, SYED		4. 2 NAME			• -
STREET ADDRESS	5545 NW 35 AVE		4.3 STREET	ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 C/TY - S			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS	•	
CITY-ST-ZIP			6.4 CITY - S	1 - ZiP		

14. I do hereby certify that the information supplies 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 discovered 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 condition or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changes upon an altrophic with an address.

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(951) 73 03