

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

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **392864** (5)
1. Corporation Name
SUNDOWNER PROPERTIES, INC.

Principal Place of Business	Mailing Address
226 JOEL BLVD LEHIGH ACRES FL 33936-5229 US	226 JOEL BLVD LEHIGH ACRES FL 33936-5229 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/15/1971	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1370463		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33972	25 Country	29 33972		30 Country	
24 33972		29 33972		30 33972	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ALLISON, JANET 226 JOEL BLVD LEHIGH ACRES FL 33972		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, GREGORY M	1.2 NAME	
STREET ADDRESS	226 JOEL BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLQUIST, LAURA A	2.2 NAME	
STREET ADDRESS	226 JOEL BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	2.4 CITY-ST-ZIP	
TITLE	TAS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORVATH, MARGARET	3.2 NAME	
STREET ADDRESS	226 JOEL BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	3.4 CITY-ST-ZIP	
TITLE	DVS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLISON, JANET	4.2 NAME	
STREET ADDRESS	226 JOEL BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN A NATIELLO	5.2 NAME	
STREET ADDRESS	226 JOEL BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE _____ DATE **3/12/98** 941 319 1779

CR2E034 (10/97)