

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	
DOCUMENT # 417769 (7)				95 FEB -2 PM 2: 51	
1. Corporation Name SUN CITY CENTER REALTY, INC.					
Principal Place of Business P.O. BOX 5698 SR 674 & S. PEBBLE BEACH SUN CITY CENTER FL 33571-5698		Mailing Address P.O. BOX 5698 SR 674 & S. PEBBLE BEACH SUN CITY CENTER FL 33571-5698			
DO NOT WRITE IN THIS SPACE.					
2. Principal Place of Business 21 2020 Clubhouse Dr Suite, Apt. #, etc. 22 P.O. Box 5698 City & State 23 Sun City Center, FL Zip 33573 Country		2a. Mailing Address 25 2020 Clubhouse Dr Suite, Apt. #, etc. 27 P.O. Box 5698 City & State 28 Sun City Center, FL Zip 33573 Country		3. Date Incorporated or Qualified 01/30/1973 3a. Date of Last Report 02/14/1994 4. FEI Number 59-1581628 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
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 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: <i>[Signature]</i> DATE: 1/27/95					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P NAME HOFFMAN, ALFRED JR. STREET ADDRESS R 674 & PEBBLE BCH BV CITY - ST - ZIP SUN CITY CENTER, FLO			1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
TITLE V NAME STARKEY, JERRY L. STREET ADDRESS SR 674 & PEBBLE BCH BLV CITY - ST - ZIP SUN CITY CENTER, FLO			2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		
TITLE V NAME FLINN, MILTON G STREET ADDRESS 2020 CLUBHOUSE DRIVE CITY - ST - ZIP SUN CITY CENTER FL 33573			3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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 1 (6.07(3)(b), 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: <i>[Signature]</i> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/27/95 813-634-3311 Date System Phone #		