

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 425984

(2)

1. Corporation Name

SUN REALTY, INC.



Principal Place of Business

10502 S. US #1  
PORT ST LUCIE FL 34952

Mailing Address

10502 S. US #1  
PORT ST LUCIE FL 34952

3. Date Incorporated or Qualified  
05/17/1973

3a. Date of Last Report  
03/17/1995

2. Principal Place of Business

21 109 SE FLORESTA DR.

2a. Mailing Address

26 109 SE FLORESTA DR.

4. FEI Number

59-1474003

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

23 PORT ST. LUCIE FL 34983

City & State

28 PORT ST LUCIE FL

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

Zip

24 34983

Country

25 U.S.

Zip

29 34983

Country

30 U.S.

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KING, GEORGE E

~~10502 SO US #1~~

~~PT ST LUCIE FL 34952~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

109 SE FLORESTA DR.

83

84 City PORT ST LUCIE

FL

85 Zip Code

34983

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: Typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME KING, IRIS  
STREET ADDRESS ~~10502 SO US #1~~  
CITY - ST - ZIP ~~PORT ST LUCIE FL~~

P ☐ DELETE

NAME KING, GEORGE E  
STREET ADDRESS ~~10502 SO US #1~~  
CITY - ST - ZIP ~~PORT ST LUCIE FL~~

☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 109 SE FLORESTA DR  
1.4 CITY - ST - ZIP PORT ST LUCIE FL 34983

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 109 SE FLORESTA DR  
2.4 CITY - ST - ZIP PORT ST LUCIE FL 34983

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 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 119.07(3)(k), 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:

George E King  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/96 (407) 878-2600  
Date Daytime Phone #

CR2E034 (12/95)