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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 425984

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FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90219 015 ***158.75

1. Corporatio									
SUN RE	ALTY, INC.					 	()		B E
	· •								
Principal Plac	e of Business	Mailing Address							
109 SE FLORESTA DRIVE PORT ST. LUCIE FL 34983 PORT ST. LUCIE FL 34983 PORT ST. LUCIE FL 34983						DO NOT WRITE I	N THIS S	SPACE	
US		US				3. Date Incorporated or Qualifed			
						05/17/1973			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Ap	oplied For
21		26				59-1474003			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	5. Certifcate of Status Desired	1	•	Additional equired
City & Star	te	City & State	·····			6. Election Campaign Financing	1		May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip		untry		8. This corporation owes the current		ngible Yes	□No
24	25	29	30	1	_	Personal Property Tax. 10. Name and Address of New Regi			
	9. Name and Address of Curre	ent Registered Agent		81	Name	to. Name and Address of New Regi	stereu A	Acitt	_
KIN	G, GEORGE E			١٠٠١		<u> </u>			
	SE FLORESTA DRIVE			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	RT ST. LUCIE FL 34983			83	_				
, 01	11 01. 20012 12 04000								
	•			84	City			85 Zip	Code
		00 - 1 007 4000 Florida Ot	-1 a tha a	<u> </u>	-amad sara	poration submits this statement for the pur	nose of o	hanging its	registered
agent. I a						on's board of directors. I hereby accept the			
	Signature, typed or printed name of registered ag				signature require	ADDITIONS/CHANGES TO OFFIC	DATE	DIRECTO	ORS IN 12
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ENO ANI	☐ Change	Addition
TITLE	KING IDIO								
NAME	KING, IRIS 109 SE FLORESTA DRIVE			IAME	ADDRESS				
STREET ADDRESS									
CITY-ST-ZIP	PORT ST.LUCIE FL			ITY-ST-	-212		-	☐ Change	Addition
TITLE	KING, GEORGE E			AME				_ •	
NAME NAME	AND OF THE OPPOSE DOUBLE				ADORESS				
STREET ADDRESS	PORT ST.LUCIE FL.			CITY-ST	1		_		-
TITLE	TOTT OTLEGGIETE	☐ DELETE						Change	Addition
NAME			3.2 N	IAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	1		1	CITY-ST					
TITLE		DELETE		TILE				Change	Addition
NAME				NAME		•			
STREET ADDRESS	s				ADDRESS				
CITY-ST-ZIP				TY-ST					
TITLE		☐ DELETE		TILE				☐ Change	Addition
NAME			5.2 N	IAME					
STREET ADDRESS	l s		5.3 8	TREET	ADDRESS				
CITY-ST-ZIP			5.4 0	CITY-ST	-ZIP				
	STORYS & ARM	☐ DELETE	6.1 T	TTLE				☐ Change	☐ Addition
			6.2 N	AME					
STREET ADDRESS	1		6.3 S	TREET.	ADDRESS				
STREET ADDRESS	1		640	CITY-ST	- 71P				

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 only an attachment with an address, with all after like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRBCTOR

4/11/99 (561)878-2600 Daytime Phone #

CR2E034 (11/9