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 # **487137** **(2)**

1. Corporation Name
SUN REAL ESTATE SERVICES, INC.

Principal Place of Business: ~~933 DOUGLAS AVENUE, ALTAMONTE SPRINGS FL 32714, US~~

Mailing Address: ~~933 DOUGLAS AVENUE, ALTAMONTE SPRINGS FL 32714, US~~

3. Date Incorporated or Qualified: 10/03/1975
3a. Date of Last Report: 07/11/1995

2. Principal Place of Business
21 805 Douglas Ave., #159
Suite, Apt. #, etc
22
City & State
23 Altamonte Springs FL
Zip
24 32714-2008
Country
25 Seminole

2a. Mailing Address
26 805 Douglas Ave., #159
Suite, Apt. #, etc.
27
City & State
28 Altamonte Springs FL
Zip
29 32714-2008
County
30 Seminole

4. FEI Number: 59-1729582 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

~~TAYLOR, ROBERT P. JR.~~
~~933 DOUGLAS AVENUE~~
~~ALTAMONTE SPRINGS FL 32714~~

10. Name and Address of New Registered Agent

81 Name: Taylor, Robert P. Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 805 Douglas Ave., #159
83
84 City: Altamonte Springs FL
85 Zip Code: 32714

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~P~~ ☐ ~~DELETE~~	1.1 TITLE	P ☐ Change ☐ Addition
NAME	~~BUSH, ROBERT L~~	1.2 NAME	Bush, Robert L.
STREET ADDRESS	~~933 DOUGLAS AVENUE~~	1.3 STREET ADDRESS	805 Douglas Ave., #159
CITY-ST-ZIP	~~ALTAMONTE SPRINGS FL~~	1.4 CITY-ST-ZIP	Altamonte Springs, FL 32714-2008
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: ✓ Robert P. Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 2/29/96 ✓ (407) 865-7090
Date Daytime Phone #

CR2E034 (12/95)