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

APPROVED AND FILED
95 APR 26 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **637198** **(3)**

1. Corporation Name
FLORIDA SUN GARDEN ESTATES, INC.

Principal Place of Business	Mailing Address
% INFANTINO AND BERMAN 160 S. KNOWLES AVE., SUITE 7 WINTER PARK FL 32789	% INFANTINO AND BERMAN 160 S. KNOWLES AVE., SUITE 7 WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/24/1979
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2020905 ☐ 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	10. Name and Address of New Registered Agent
INFANTINO, THOMAS V. SUITE 7, 160 S. KNOWLES AVE., WINTER PARK FL 32789	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	WILLIAMS, EDWARD	12 NAME	RESIGNED
STREET ADDRESS	2712 TRYON PLACE	13 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☒ Change ☐ Addition
NAME	SUTTON, ROUSELLE II	22 NAME	RESIGNED
STREET ADDRESS	2712 TRYON PLACE	23 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☒ Change ☐ Addition
NAME	PORTALE, INGE	32 NAME	PD PORTALE, INGE
STREET ADDRESS	2712 TRYON PLACE	33 STREET ADDRESS	P.O. BOX 608061 ~ 4522 MALIK CRESENT
CITY-ST-ZIP	WINDERMERE FL	34 CITY-ST-ZIP	ORLANDO FL 32860
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	600001467186 -04/27/95--01098--017
STREET ADDRESS		43 STREET ADDRESS	****200.00 ****200.00
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	4-26-95 1.9

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: Inge Portale (PRESIDENT) April 13, 1995 407-291-1763
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
INGE PORTALE

0045876 CP