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**PROFIT** CORPORATION ANNUAL REPORT

1997

SUGARMILL REALTY, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 686777

(4)

## FILED Apr 15 1997 8:00am Secretary of State

Suite, Apt. #, etc  Suite, Apt. #, etc  City & State  Country  Country  Suite, Apt. #, etc.  5, Certificate of Status Desired  Fee Required  F
2. Principal Place of Business   2a. Mailing Address   4. FEI Number   68/13/1996   Not Applied For S9-2028706   Not Applied For Not Added to For S9-2028706   Not Applied For International For Not Added to For S9-2028706   Not Applied For International For Not Added to For S9-2028706   Not Applied For International For Not Added to For S9-2028706   Not Applied For International For Not Added to For S9-2028706   Not Applied For International For Not Added to For S9-2028706   Not Applied For International For Not Added to For International For Not Added to For International For Not Added Not Applied For International For Not Added Not Applie
2. Principal Place of Business   2a, Mailing Address   4. FEI Number   59-2028706   Applied For   Not Applied Suite, Apt #, etc   Suite, Apt #, et
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City & State    City & State   City & State
Zip   Country   Zip   Country   Zip   Country   Registered Agent   Street Address of New Registered Agent   Street Address of New Registered Agent   Street Address of New Registered Agent   10, Name and Address of New Registered   10, Name and Address o
Zip Country Zip Country Zip Country Registered Agent Florida Statutes Registered Agent Registered Agent Roman Address of Current Registered Agent Roman Address of Current Registered Agent Roman Address of New Registered Agent Roman Roman Address of New Registered Agent Roman Roma
9, Name and Address of Current Registered Agent  WOOD, ARTHUR W. I 30 JAMAICA ST. HOMOSASSA FL 34448  81 Name 82 Street Address (P.O. Box Number is Not Acceptable)  83 PA 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 register of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITHE RAME WOOD, ARTHUR W., III 30 JAMAICA ST. HOMOSASSA FL 1.2 ITHE DELETE 1.1 THE LONG STATUS
9, Name and Address of Current Registered Agent  WOOD, ARTHUR W.   30 JAMAICA ST. HOMOSASSA FL 34448  82 Street Address (P.O. Box Number is Not Acceptable)  83 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 register of free 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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THE WOOD, ARTHUR W., III  12. NAME  WOOD, ARTHUR W., III  12. NAME  13. SIRRET ADDRESS  30 JAMAICA ST. HOMOSASSA FL  14. CITY - ST - ZIP  15. HOMOSASSA FL  16. Change Additional Chang
30 JAMAICA ST. HOMOSASSA FL 34446  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85   Zip Code   85   Street Address (P.O. Box Number is Not Acceptable)  86   City   FL   85   Zip Code   87   Street Address (P.O. Box Number is Not Acceptable)  88   City   FL   85   Zip Code   89   Street Address (P.O. Box Number is Not Acceptable)  89   Street Address (P.O. Box Number is Not Acceptable)  80   Street Address (P.O. Box Number is Not Acceptable)  81   Street Address (P.O. Box Number is Not Acceptable)  82   Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84   City   FL   85   Zip Code   85   Zip Code   86   City   FL   85   Zip Code   86   City   FL   85   Zip Code   87   Street Address (P.O. Box Number is Not Acceptable)  88   Street Address (P.O. Box Number is Not Acceptable)  89   Street Address (P.O. Box Number is Not Acceptable)  80   Street Address (P.O. Box Number is Not Acceptable)  80   Street Address (P.O. Box Number is Not Acceptable)  81   Street Address (P.O. Box Number is Not Acceptable)  82   Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84   City   FL   85   Zip Code   85   Zip Code   City   Street Address (P.O. Box Number is Not Acceptable)  85   Zip Code   Street Address (P.O. Box Number is Not Acceptable)  86   City   Street Address (P.O. Box Number is Not Acceptable)  87   Street Address (P.O. Box Number is Not Acceptable)  88   Street Address (P.O. Box Number is Not Acceptable)  89   Street Address (P.O. Box Number is Not Acceptable)  80   Street Address (P.O. Box Number is Not Acceptable)  81   Street Address (P.O. Box Number is Not Acceptable)  82   Street Address (P.O. Box Number is Not Acceptable)  89   Street Address (P.O. Box Number is Not Acceptable)  80   Street Address (P.O. Box Number is Not Acceptable)  81   Street Address (P.O. Box Number is Not Acceptable)  82   Street Address (P.O. Box Number is Not Acceptable)  83   Street Addre
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SIGNATURE    Signature, lyphold or printed name of registered agent and title if applicable   (NOTE: Registered Agent alignature required when reinstating)   DATE
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TITLE
NAME STREFT AFORESS CITY-ST-ZIF HOMOSASSA FL  1.2 MAME  1.2 MAME  1.3 STREET ADDRESS 1.4 CITY-ST-ZIP HOMOSASSA FL  DELETE  2.1 TITLE  NAME  NAME  NAME  NAME  NAME  NOOD, ARTHUR W., III  3.0 JYMMACA ST.  HOMOSASSA FL  1.2 MAME  NOOD, ARTHUR W. TITLE  BOOD, ARTHUR W. TITLE  BOOD, ARTHUR W. TITLE  Change  Addit
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Information indicated on the information and cated on the information and cated on the information of the corappears in Block 12 or Block 12 if a report or supplemental annual report is frow and accurate and that my signature shall have the same legal effect as if made under oath; that puration or the receiver or trustee impowered to execute this report as required by Chapter 607 Florida Statutes; and that my name thinged, or on an attrichment with an address.

SIGNATURE: