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

Feb 19 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #

1. Corporation Name 688889 (5) SUNDIAL HOMES, INC. Principal Place of Business Mailing Address C/O WYNNE, JOEL F. C/O WYNNE. JOEL F. 8000 S US 1. #402 8000 S US 1. #402 DO NOT WRITE IN THIS SPACE PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 34952 3. Date Incorporated or Qualified 09/24/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2049523 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 WYNNE, JOEL F. 8000 S US 1, #402 82 Street Address (P.O. Box Number is Not Acceptable) PORT ST LUCIE FL 34952 83 84 City 85 Zip Code ions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered pent, 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 ith, and accept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the pro office or registere **SIGNATURE** gistered again, and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TATLE 1.1 TITLE Change WYNNE, JOEL F. NAME 1.2 NAME 8000 S US 1, #402 1.3 STREET ADDRESS STREET ADDRESS PT ST LUCIE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE Addition **NEWMAN, HARVEY** NAME 2.2 NAME 8000 S US 1, #402 STREET ADDRESS 2.3 STREET ADDRESS PT ST LUCIE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE WYNNE, MATTHEW L NAME 3.2 NAME 8000 S. US 1, 402 STREET ADDRESS 3.3 STREET ADDRESS PT. ST. LUCIE FL CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DVS DELETE 4.1 TITL€ Change Addition WYNNE, ERIC P NAME 4 2 NAME 8000 S US 1, 402 STREET ADDRESS 4.3 STREET ADDRESS PT. ST. LUCIE FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TATLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ DELETE Change ___ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP 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 federiver of flusted impowered 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 attribution with an address.

FILED

(561)

Joel F. Winne 2/6/00