

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

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Jan 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F27991 (1)

1. Corporation Name  
SUNCOR DEVELOPMENT, INC.



Principal Place of Business  
1751 SW WILLOWBEND LANE  
2926 S.E. ABA STREET *Omit this line*  
PALM CITY FL 34990  
US

Mailing Address  
1751 SW WILLOWBEND LANE  
2926 S.E. ABA STREET  
PALM CITY FL 34990  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1751 SW Willowbend Lane Suite, Apt. #, etc.		2a. Mailing Address 27 1751 SW Willowbend Lane Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/01/1981	
22 City & State 23 Palm City, FL 24 Zip 34990 25 Country US		27 City & State 28 Palm City, FL 29 Zip 34990 30 Country US		4. FEI Number 59-2117849 Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent TALIA, JOSEPH D. 1751 SW WILLOWBEND LANE PALM CITY FL 34990				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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

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	PD	1.1 TITLE	
NAME	TALIA, JOSEPH D	1.2 NAME	
STREET ADDRESS	1751 SW WILLOWBEND LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	1.4 CITY-ST-ZIP	Palm City, FL 34990
TITLE	VST	2.1 TITLE	
NAME	TALIA, ELANA	2.2 NAME	
STREET ADDRESS	1751 SW WILLOWBEND LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	2.4 CITY-ST-ZIP	Palm City, FL 34990
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(f), 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:

*Jose Talia V.P. NEOR Talia V.P.* 1/7/98 561-878-4488

CR2E034 (10/97)