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 # **F34258** **(6)**

1. Corporation Name
SUNBOW REALTY CORP.

Principal Place of Business
20801 BISCAYNE BLVD
SUITE 505
N. MIAMI BEACH FL 33180

Mailing Address
20801 BISCAYNE BLVD
SUITE 505
N. MIAMI BEACH FL 33180

3. Date Incorporated or Qualified: 04/30/1981
3a. Date of Last Report: 02/22/1995
4. FEI Number: 59-2119772 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

DADE COUNTY CORP AGENTS INC
20801 BISCAYNE BLVD
SUITE 505
N. MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

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 ______

12. OFFICERS AND DIRECTORS

TITLE	STD	☐ DELETE
NAME	FROMBERG, LYNN W	
STREET ADDRESS	3796 NE 209TH TERR.	
CITY-ST-ZIP	N.MIAMI BCH, FL 0	
TITLE	PD	☐ DELETE
NAME	KURTZMAN, ALAN M.	
STREET ADDRESS	502 N HIGHLANDS DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VSD	☐ DELETE
NAME	FROMBERG, MALCOLM H	
STREET ADDRESS	1771 N. VIEW DRIVE	
CITY-ST-ZIP	MIAMI BEACH, FL 0	
TITLE	VPD	☐ DELETE
NAME	SHORE,H. ALAN	
STREET ADDRESS	1 GROVE ISLE DRIVE #1106	
CITY-ST-ZIP	COCONUT GROVE, FL 0	
TITLE	VPD	☐ DELETE
NAME	GROSS, LESLIE JAY	
STREET ADDRESS	2950 SW 27TH AVE #100	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: [signature] Pres. 3/18/96 933 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #