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

Mar 12 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # G71292 SUNBURST PROPERTIES OF MARION COUNTY, INC. Principal Place of Business Mailing Address 1111 NE 25TH AVE 1111 NE 25TH AVE **STE 101 STE 101** DO NOT WRITE IN THIS SPACE OCALA FL 34470 OCALA FL 34470 3. Date Incorporated or Qualified 11/18/1983 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-2383290 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box 23 Trust Fund Contribution Added to Fees 28 Zip Ζip Country Country 8. This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. Yes 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name STAFFORD, HERBERT D 1111 NE 25TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) **STE 101** 83 **OCALA FL 34470** 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 little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change Addition STAFFORD, HERBERT D. 1.2 NAME NAME 1111 NE 25TH AVE STE 101 1.3 STREET ADDRESS STREET ADDRESS **OCALA FL** CITY-\$1-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST-ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-ST-ZIP Change Addition DELETE 6 1 TITLE TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this hing 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 suppliemental 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.

GNING OFFICER OR DIRECTOR

SIGNATURE:

FILED