SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON DR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # H17007 (6)SUN OAKS REALTY CORP. Principal Place of Business Mailing Address 9420 TORRINGTON AVE 2300 ECON CIR P O BOX 677639 ORLANDO FL 32817 ORLANDO FL 32867 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1995 08/16/1984 Applied For 4. EEI Number 2a. Mailing Address 2. Principal Place of Business 59-2447355 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 **\$5.00** May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation has liability for intangible tax under s. 199.032 Zip Country Zπ Yes No 30 Florida Stalutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SCHNEIDER, ARTHUR J. 2300 ECON CIRCLE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 83 Zip Code 84 City 85 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 rursam to the provisions of sections our year and our rood, honda distincts, the adovernance 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. Thereby accept the appointment as registered agent 1 am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and tille if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIRECTORS 13. 12 x Change x Addition DELÉTE 1.1 TiTUE PD TITLE CR2E034 1.2 NAME NAME WALL, JAMES 1.3 STREET ADDRESS 333 RIO RANCHO DR NE STREET ADDRESS 87124 1 4 CITY - ST - ZIP RIO RANCHO NM CITY-ST-ZIP Change X Addition DELETE 2 1 TITLE TITLE 22 NAME NAME SCHNEIDER, ARTHUR J. 2.3 STREET ADDRESS STREET ADDRESS 2300 ECON CIRCLE 32801 ORLANDO FL 2 4 CiTY - \$1 - ZIP CITY - ST - ZIP Change X Addition DELETE 3 1 TITLE TITLE VPTD 3.2 NAME VACHANI, MOHAN NAME 641 LEXINGTON AVE., 6TH FL 3 3 STREET ADDRESS STREET ADDRESS 10022 NEW YORK NY 3 4. CITY - ST - ZIP CITY - ST - ZIP X Change Addition DELETE 41 TITLE THILE W. DAN BUCHLY GLIEDMAN, ANTHONY 4 2 NAME NAME 333 RIO RANCHO DR., NE 641 LEXINGTON AVE., 6TH FL 4.3 STREET ADDRESS STREET ADDRESS RIO RANCHO, NM 87124 NEW YORK NY 4.4 City - \$1 - ZiP CITY - ST - 2IP X Change Addition DELETE 51 TITLE TITLE ALONSO, LORETTA L 5.2 NAME GARY L. SULLIVAN NAME 641 LEXINGTON AVE., 6TH FL 5 3 STREET ADDRESS STREET ADDRESS 333 RIO RANCHO DR., NE NEW YORK NY 5 4 CITY - ST - ZIP CITY-ST-ZIP RIO RANCHO, NM 87124 Change Addition DELETE 6.1 Title TITLE 6.2 NAME NAME **6 3 STREET ADDRESS** STREET ADDRESS 6 4 CITY - ST - ZIP 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 direction of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 🛚

SIGNATURE AND TYPED OR P