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Mar 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>H17007</b> (6)			
1. Corporation Name <b>SUN OAKS REALTY CORP.</b>			
Principal Place of Business <b>2300 ECON CIR ORLANDO FL 32817 US</b>		Mailing Address <b>8420 TORRINGTON AVE P. O. BOX 877639 ORLANDO FL 32867-7639</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent <b>SCHNEIDER, ARTHUR J. 2300 ECON CIRCLE ORLANDO FL 32801</b>		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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE PD NAME WALL, JAMES STREET ADDRESS 333 RIO RANCHO DR NE CITY-ST-ZIP RIO RANCHO NM TITLE V NAME SCHNEIDER, ARTHUR J. STREET ADDRESS 2300 ECON CIRCLE CITY-ST-ZIP ORLANDO FL TITLE VPTD NAME VACHANI, MOHAN STREET ADDRESS 641 LEXINGTON AVE., 6TH FL CITY-ST-ZIP NEW YORK NY TITLE D NAME BUCHLY, W. DAN STREET ADDRESS 333 RIO RANCHO DRIVE, N.E. CITY-ST-ZIP RIO RANCHO NM TITLE S NAME SULLIVAN, GARY L. STREET ADDRESS 333 RIO RANCHO DRIVE, N.E. CITY-ST-ZIP RIO RANCHO NM			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			



CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, changed, or on an attachment with an address.

SIGNATURE:  James Wall, President 3-7-97 (505) 892-9200