

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

FILED
Mar 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **H17007** (6)

1. Corporation Name
SUN OAKS REALTY CORP.

Principal Place of Business

**2300 ECON CIR
ORLANDO FL 32817
US**

Mailing Address

**9420 TORRINGTON AVE
P. O. BOX 677639
ORLANDO FL 32867**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1984

4. FEI Number

59-2447355

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH LTD, INC.
1406 HAYS STREET, SUITE 2
TALLAHASSEE FL 32301**

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	<input type="checkbox"/> DELETE
NAME	WALL, JAMES	
STREET ADDRESS	333 RIO RANCHO DR NE	
CITY-ST-ZIP	RIO RANCHO NM	

TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, ARTHUR J.	
STREET ADDRESS	2300 ECON CIRCLE	
CITY-ST-ZIP	ORLANDO FL	

TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	VACHANI, MOHAN	
STREET ADDRESS	641 LEXINGTON AVE., 6TH FL	
CITY-ST-ZIP	NEW YORK NY	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BUCHLY, W. DAN	
STREET ADDRESS	333 RIO RANCHO DRIVE, N.E.	
CITY-ST-ZIP	RIO RANCHO NM	

TITLE	S	<input type="checkbox"/> DELETE
NAME	SULLIVAN, GARY L.	
STREET ADDRESS	333 RIO RANCHO DRIVE, N.E.	
CITY-ST-ZIP	RIO RANCHO NM	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(i), 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

James Wall

2/17/98

(505) 892-9200

CR2E034 (10/97)