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

PROFIT CORPORATION **ANNUAL REPORT** 1998 DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(6)

SANSBURY REALTY, INC.

FILED Apr 16 1998 8:00am Secretary of State

Principal Place of Business 1700 EMBASSY DR UNIT 107 WEST PALM BEACH FL 33401 US	Mailing Address 1700 EMBASSY DR UNIT 107 WEST PALM BEACH FL S US	33401	DO NOT WRITE IN TH	
			06/09/1986	
2. Principal Place of Business	2s. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc	Suite, Apt. #, etc.		59-2693380	Not Applicable \$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the	
24 25 26 P. Name and Address of Curre		30	Personal Property Tax due June 30. 10. Name and Address of New Register	
MARTENS, RICHARD L.		81 Name		
515 NORTH FLAGLER DRIVE NORTHBRIDGE TOWER I 19TH FL WEST PALM BEACH FL 33401	.00R	82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
		84 City		85 Zip Code
Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Statiagent. I am familiar with, and accept the oblig SIGNATURE Signature, typed or printed name of registered ag	e of Florida. Such change was a gations of, Section 607.0505, Flo	uthorized by the corporat rida Statutes. Registered Agent signature requir	ion's board of directors. I hereby accept the a	appointměnt äs registered
	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE PSTD NAME SANSBURY, JOHN C.	☐ DELETE	1.1 TITLE		Change Addition
STREET ADDRESS 8660 THOUSAND PINES CIL	2	1.2 NAME		
CITY-ST-ZIP WEST PALM BEACH FL 334		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		;
THLE TD	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME SANSBURY, JOHN C.		2.2 NAME		<u> </u>
STREET ADDRESS 8660 THOUSAND PINES CI		2.3 STREET ADDRESS		
CITY-ST-ZIP WEST PALM BEACH FL 334		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE NAME		4 1 TITLE 4. 2 NAME		T mende T vandan
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-SI-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		-		
		6.3 STREET ADORESS		

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 an antachment with an address.