


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

FILED

Apr 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
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DOCUMENT # J47378 (1)
1. Corporation Name
SUNRISE R. V. PARK, INC.

Principal Place of Business
4000 US-19
HOLIDAY FL 34001

Mailing Address
4000 US-19
HOLIDAY FL 34001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2535 SUCCESS DR Suite, Apt. #, etc. 22 City & State 23 ODESSA FL Zip 24 33556 Country 25 PASCO		2a. Mailing Address 26 2535 SUCCESS DR Suite, Apt. #, etc. 27 City & State 28 ODESSA FL Zip 29 33556 Country 30 PASCO		3. Date Incorporated or Qualified 12/08/1986	
9. Name and Address of Current Registered Agent BAKER, RICHARD W 4000 US-19 HOLIDAY FL 34001		10. Name and Address of New Registered Agent 81 Name RICHARD W. BAKER 82 Street Address (P.O. Box Number is Not Acceptable) 2535 SUCCESS DR 83 84 City ODESSA FL 85 Zip Code 33556		4. FEI Number 59-2758895 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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, type or printed name of registered agent and file if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRIS SCHEVER 4000 US-19 HOLIDAY FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P/D CHRIS SCHEVER 2535 SUCCESS DR ODESSA FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RICHARD W. BAKER 4000 US-19 HOLIDAY FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	S/T/D RICHARD W. BAKER 2535 SUCCESS DR ODESSA FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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: 

CR2E034 (10/97)