FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # (1)SUN STATE PROPERTIES, INC. Principal Place of Business Mailing Address 211 W. RIDGEWOOD CT. 211 W. RIDGEWOOD CT. LONGWOOD FL 32779-0311 LONGWOOD FL 32779-0311 3. Date Incorporated or Qualified 3a. Date of Last Report 06/22/1987 04/27/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 Applied For 26 59-2849999 Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc. 22 5. Certificate of Status Desired \$8.75 Additional 27 City & State Fee Required City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution Zip Added to Fees Country Zιο Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROSS, ROBERT D. Street Address (P.O. Box Number is Not Acceptable) 82 211 W. RIDGEWOOD CT. LONGWOOD FL 32779 83 84 City 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tild if applicable (NOTE: Registered Agent signature required which reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (12/95) TIJLE DELETE 1.17(T) F Change Addition NAME ROSS, ROBERT D. 1.2 NAME 211 W. RIDGEWOOD CT. STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 1.4 CITY - ST - ZIP TITLE DELETE 2 1 THILE Change ROSS, SHIRLEY M NAME Addition 2.2 NAME STREET ADDRESS 211 W RIDGEWOOD CT 2.3 STREET ADDRESS LONGWOOD FL CITY-ST-ZIP 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 3.4 CITY - \$1 - ZIP TILLE DELETE 4.17III.E Change NAME Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-712 TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-S1-ZIP

14. If 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 appears in Brock 12 or Brock 13 if changed, or on an attachment annual report as required by Chapter 607, Florida Statutes; and that my name SIGNATURE: Shirley M. Ross SIGNATURE AND TYPED OR PRINTED NAME OF SON

STREET ADDRESS

CITY-ST-ZIP

April 29, 1996 407-788-9300