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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # K33411**

Corporation Name

SUNWORLD GROUP REALTY, INC.

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90084 032 \*\*\*150.00



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	e of Business	Mailing Address					
1918 HARRISON	STREET	1918 HARRISON STREET					
SUITE 203		= \$UITE:203			- DOMOTANDET IN THE	6:6DACE	
HOLLYWOOD F	FL 33020 HOLLYWOOD FL 33020		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 09/16/1988		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			26-3234660	No	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75	Additional
22		27			5. Certificate of Status Desired	Fee Re	equired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
		28		Trust Fund Contribution		to Fees	
23	Country	Zip	Countr		8. This corporation owes the current year		
Zip		·	_ `	,	Personal Property Tax.	Yes	□No
24	25 :		<u>'l</u>		10. Name and Address of New Registere		
	9. Name and Address of Current	Registered Agent	81	Name	IV. Haille and Address of New Neglistere	a Agent	
ech.	eiber, fritz		"	Name			
			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	O AMBER BAY DRIVE						
WES	TON FL 33331		83	<b>I</b>			
			100			ge Zin	Code
		<u>حالب ۽ چي چيو سي بالي</u>	84	City	Land and the state of the state	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named corpo	oration submits this statement for the purpose	of changing its	registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was auth	orized by	the corporatio	on's board of directors. I hereby accept the app	ointment as re	gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	3 Statutes	э.			1
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	nistered Ans	ent signature required	d when reinstating) DATE		——
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
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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 suppliementa/anglual 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, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/99 954-923-016
Daytime Phone #