

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 27 1998 8:00am
Secretary of State

DOCUMENT # **K57120** (3)

1. Corporation Name
SUN AIR RESORTS, INC.

Principal Place of Business

Mailing Address

**50 SUN AIR BLVD. E.
HAINES CITY FL 33844**

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HAINES CITY FL 33844**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1989

4. FEI Number

59-2929930

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOMITZ, NANCY JAYNE
16 BUCK CIRCLE
SUN AIR COUNTRY CLUB
HAINES CITY FL 33844**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **LEE, JAY KUN**
STREET ADDRESS **772 GREENFIELD GREENRIDGE DR.**
CITY-ST-ZIP **LA CANADA CA 91011**

TITLE **VP** ☐ DELETE

NAME **GRANT, LAWRENCE S.**
STREET ADDRESS **4320 W TENNESSEE ST**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **SECRETARY** ☐ DELETE

NAME **HOMITZ, NANCY JAYNE**
STREET ADDRESS **16 BUCK CIRCLE, HAINES CITY,**
CITY-ST-ZIP **FLA 33844**

TITLE **FLA 33844** ☐ DELETE

NAME **FLA 33844**
STREET ADDRESS **FLA 33844**
CITY-ST-ZIP **FLA 33844**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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

3/2/98

911-439-1576

CR2E034 (10/97)