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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

1. Corporation		# K8	9404		(3)							
SUNBE	LT PROP	ERTY CON	ISULTANT	is, i	NC.							
Principal Place	e of Busines	s		M	ailing Address				· · · · · · · ·			
870 BALD EAGLE DRIVE STE 1B MARCO ISLAND FL 34145				870 BALD EAGLE DRIVE STE 1B MARCO ISLAND FL 34145 US						1		
										DO NOT WRITE IN THIS SPACE		
US				U	5					3. Date Incorporated or Qualified		
2. Principal P	lace of Busin	ess		20.	Mailing Address			—		05/19/1989 4. FEI Number Applied For	_	
21				26					65-0129151 Not Applicabl	_ e		
Suite, Apt. #, etc.				Suite, Apt. #, etc.						- \$8.75 Additional	_	
22				27						5. Certificate of Status Desired Fee Required		
City & State				28	City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24	Country 25			29				Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
		and Address	of Current F		tered Agent					10. Name and Address of New Registered Agent	-	
SN'	YDER, WILI	LIAM F					B1	Tr	lame			
870 BALD EAGLE DRIVE								2 S	treet Addre	ress (P.O. Box Number is Not Acceptable)	-	
STE 1 B											_	
MA	rco Islan	ND FL 34145					83	'				
							84	i c	ity	85 Zip Code	_	
44 Duroupot i	to the provin	ions of Conting	e 607 0503 c	200 6	07 1609 Florida State	don th	o obov		amad aava	FL	_	
office or re agent I ar	egistered ag m familiar wi	ions of Section jent, or both, in th, and accept	n the State of the obligation	Florio	da. Such change was , Section 607.0505, F	autho torida	rized b Statute	y th	e corporation	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered		
SIGNATURE					***************************************	TE 60						
12.	Signature, typed	or printed name of	registered agent a				istered Ap 13.	ia Iney	gnature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_	
TITLE	PD			JIII L	DELETE	_	1.1 TITLE			☐ Change ☐ Addition	n	
NAME		R, WILLIAM F					1.2 NAME					
STREET ADDRESS							1.3 STREET ADDRES		PIESS			
CITY-ST-ZIP	MARCO	ISLAND FL					1.4 CITY-1	ST-Z	Р			
TITLE					DELETE	:	2.1 TITLE			☐ Change ☐ Addition	1	
NAME						1	2.2 NAME		Ì			
STREET ADDRESS							2.3 STREE					
CITY-ST-ZIP					DELETE	_	2. 4 CITY- 3.1 TITLE		IP	Change Addition	_	
TITLE NAME							3.2 NAME			. Starige Addition	•	
STREET ADDRESS						1	3.3 STREE		BEGG			
CITY-ST-ZIP							3.4. CITY-		ľ			
TITLE	·				DELETE		4.1 TITLE		<u>"</u>	Change Addition	ī	
NAME						Į.	4. 2 NAME	i				
STREET ADDRESS						.	4.3 STREE	TADO	RESS			
CITY-ST-ZIP							4.4 CITY-5	ST-ZI	P			
TITLE					☐ DELETE		5.1 TITLE			Change Addition	í	
NAME							5.2 NAME					
STREET ADDRESS						- 1	5.3 STREET		1			
CITY-ST-ZIP					- Devete	_	5.4 CITY - !	<u>ST- 21</u>	P	At	_	
TITLE					DELETE		6.1 TITLE		- 1	☐ Change ☐ Addition	l	
NAME STREET ABOUTES							6.2 NAME		ncon			
STREET ADDRESS						ľ	6.3 STREET	I AUD	HESS			

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.

3/2/56

941-389-1110

FILED

Mar 27 1998 8:00am

Secretary of State