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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L25971

(7)

SUNPLEX REALTY CORP.

D ,

Principal Place of Business

Mailing Address

2170 STATE RD 434 W STE DO LONGWOOD FL 32779

2170 STATE RD 434 W STE AG LONGWOOD FL 32779-5017

## FILED Apr 28 1997 8:00am Secretary of State



									3. Date Incorporated or Qualified	1	ie of Last		
				·					10/27/1989	<u>U4/6</u>	23/1996		
2. Principal Place of Business					2a. Mailing Address				4. FEI Number			Applied For	
21				26					59-2977729			Not Applicab	
Suite, Auto-					Suite, Actaliano.				5. Certificate of Status Desired	$\dot{\Box}$	\$8.75	Additional	
22 330				27	27 <b>33</b> 0				o. Certificate of Status Desired	<u> </u>	Fee	Required	
City & Sta	ite				City & State				6. Election Campaign Financing		\$5.0	May Be	
23				28					Trust Fund Contribution			d to Fees	
Zip		Cou	intry		Zip		Country		8. This corporation has liability for	intengible			
24		25		29		30	,				] No	5. 199.032,	
<u> </u>	9 Name		dress of Currer		tored Agent		T		10. Name and Address of New Re				
			21000 01 001101		torou Agont		81	Name	To: Name and Addition of No.	-giotorou -	gont		
Heekin Jr, James F.							0,	INAME	Name				
215 N EOLA DR.							82	Street Add	dress (P.O. Box Number is Not Acceptab	ble)			
ORI				<u> </u>									
J, w							83	1					
							L_						
							84	City		FL	<b>85</b> Zi	p Code	
11 Distance	I to the provin	ione of C	notions 607 CCC	72 and 6	07 1600 Plazida	Ctatutan it		L named co	rporation submits this statement for the p		obanairi	ile registers	
office or	registered ag	gent, or b	oth, in the State	of Florid	da. Such change	was author	rized by	v the corpora	ration's board of directors. I hereby accep	pt the appr	onanging ointment	as registered	
agent. I a	am familiar wi	ith, and a	accept the oblig	ations of	, Section 607.05	05, Florida	Statute	S.		-1-1-1-1		5	
SIGNATURE													
	Signature, typod	l or printed n	name of registered ag-	ont and trie	if applicable	(NOTE Regi	istered Age	ent signature req	uired when reinstating)	DATE			
12,			OFFICERS AN	ID DIREC			13.		ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTO	ORS IN 12	
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				-				1					
CITY-ST-ZIP	LONGWO	JUD FL	32//9				1.4 CITY - S	ST - ZIP			<b>E</b>		
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STREET ADDRESS	2170 ST	<b>RD 434</b>	W #800 33	<b>30</b>			2 3 STREET	ADDRESS	St. 330				
CITY-ST-ZIP	LONGWO					_			<b>₩</b> *** *** **				
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I do hereby certify that the information supplied with this filing does not quality 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 offect as if made under oath; that i am an officer or director of the corporation or the receivegor 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 fit an attayriment with an address.

CIONATURE.

Gallow Viceore

4/10/97 407-869-766