

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

**FILED**  
**Apr 17 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L25971 (7)**

1. Corporation Name  
**SUNPLEX REALTY CORP.**



Principal Place of Business <b>2170 STATE RD 434 W STE 400                  330                  LONGWOOD FL 32779                  US</b>	Mailing Address <b>2170 STATE RD 434 W STE 400                  330                  LONGWOOD FL 32779                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 2170 S.R. 434 WEST</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 2170 S.R. 434 WEST</b> Suite, Apt. #, etc.
22 <b>SUITE 330</b> City & State	27 <b>SUITE 330</b> City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

3. Date Incorporated or Qualified <b>10/27/1989</b>	
4. FEI Number <b>59-2977729</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HEEKIN JR, JAMES F.  
 215 N EOLA DR.  
 ORLANDO FL 32802**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>HACHENBERGER, DONALD J</b>	
STREET ADDRESS	<b>2170 ST RD 434 W., #330</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	<b>HACHENBERGER, DONALD J.</b>	
STREET ADDRESS	<b>2170 ST RD 434 W., SUITE 330</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>LUETJEN, LINDA</b>	
3.3 STREET ADDRESS	<b>2170 S.R. 434 WEST, SUITE 330</b>	
3.4 CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>MISNER, JEAN</b>	
4.3 STREET ADDRESS	<b>2170 S.R. 434 WEST, SUITE 330</b>	
4.4 CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 that I am authorized, or have been 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 \_\_\_\_\_

CR2E034 (10/97)