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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 # L25971

SUNPLEX REALTY CORP.

Principal Place of Business Mailing Address										
2170 S.R. 434 WEST		2170 S.R. 434 WEST								
SUITE 330		SUITE 330						DO NOT WRITE IN THIS SPACE		
LONGWOOD FL 32779 US			LONGWOOD FL 32779 US					3. Date Incorporated or Qualified		
US		00	•					10/27/1989	ļ	
2. Principal Pl	ace of Business	2a.	Mailing Address					4. FEI Number Applied Fo	or	
21		26	J					59-2977729 Not Application	able	
Suite, Apt. #, etc.		1_,	Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additions	al	
22		27						5. Certificate of Status Desired Fee Required		
City & State		\vdash	City & State					6. Election Campaign Financing \$5.00 May Be	,	
23		28	7:-		untry	,		Trust Fund Contribution Added to Fees		
Zip	Country		Zip	30	unay			8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ■ No	Į	
24	9. Name and Address of Current	29 Regis	tered Agent	30	Т			10. Name and Address of New Registered Agent		
-	J. Hallis glid years of wallen				81	N	ame			
	KIN JR, JAMES F.				82		root Addr	race /P.O. Roy Number is Not Accentable)		
215 N EOLA DR.						اد	reet Addit	Address (P.O. Box Number is Not Acceptable)		
ORL	ANDO FL 32802				83				-	
					84	C	tv	85 Zip Code	\dashv	
						-	•	FL		
11. Pursuant	to the provisions of Sections 607.0502	and 6	07.1508, Florida Statut	es, the	above	e-na	med corporation	oration submits this statement for the purpose of changing its register on's board of directors. I hereby accept the appointment as registered	ed	
agent. I a	m familiar with, and accept the obligat	ions of	, Section 607.0505, Flo	rida Sta	tutes	i.	corporatio	or o board of directions were only described appearance of	- 1	
SIGNATURE								of when reinstating) DATE	- 1	
7,4				: Registere		nt sign	ature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	12	
12.	DPST	D DII KE	DELETE	_	í Title		1	☐ Change ☐ Ad		
NAME	HACHENBERGER, DONALD J				AME]	
STREET ADDRESS	2170 ST RD 434 W., #330			1.3 9	TREET	T ADD	RESS		ĺ	
CITY-ST-ZIP	LONGWOOD FL 32779			1.4 (ITY-S	T-ZIP		,		
TITLE	V		. ☐ DELETE	2.1	TITLE			☐ Change ☐ Ac	ddition	
NAME	Luetjen, Linda			2.21	VAME					
STREET ADDRESS	2170 S.R. 434 WEST, SUITE 33	10		2.3 \$	TREET	TADD	RESS			
CITY-ST-ZIP	LONGWOOD FL 32779			_	CITY-S	ST-ZIF	<u> </u>		tdition	
TITLE	V		☐ DELETE		TITLE			☐ Change ☐ Ac	ן מטווטנו	
NAME	MISNER, JEAN	000			MAME		- 1			
STREET ADDRESS	2170 S.R. 434 STREET, SUITE	330			TREE					
CITY-ST-ZIP	LONGWOOD FL 32779		☐ DELETE		CITY-S	ST-ZIF	V	J Change X A	ddition	
TITLE					NAME		'	THOMAS, GARY		
NAME					STREET			2170 SR 434 WEST, SUITE 330		
STREET ADDRESS					CITY-S			LONGWOOD, FL 32779		
CITY-ST-ZIP			DELETE		MLE	1-41	-		ddition	
NAME			_ _		VAME					
STREET ADDRESS				5.3 5	TREET	T ADD	RESS		(
CITY-ST-ZIP				5.4	CITY-S	T-ZIP				
TITLE	-		☐ DELETE	6.1	TITLE			☐ Change ☐ Ac	ddition	
NAME				6.21	NAME					
i				635	STREET	TADD	RESS			

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 of suppliemental 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 of the receiver of 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 changes of the appears with all other like empowered.

SIGNATURE:

Donaid J.

Hachenberger

407-869-7664