FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L88451** **(4)**

1. Corporation Name
SUSSEX REALTY CORPORATION

Principal Place of Business	Mailing Address
C/O DARYL B. CRAMER POST OFFICE BOX 4342 WEST PALM BEACH FL 33402-4342	C/O DARYL B. CRAMER POST OFFICE BOX 4342 WEST PALM BEACH FL 33402-4342

2. Principal Place of Business	2a. Mailing Address
21 c/o Daryl B. Cramer, P.A.	26 c/o Daryl B. Cramer, P.A.
Suite, Apt. #, etc. 22 One Clearlake Centre #201	Suite, Apt. #, etc. 27 One Clearlake Centre, #201
City-State 23 250 Australian Av., South West Palm Beach, FL	City-State 28 250 Australian Ave., South West Palm Beach, FL
Zip / Country 24 33401 25 USA	Zip / Country 29 33401 30 USA

3. Date Incorporated or Qualified: 07/23/1990
3a. Date of Last Report: 05/10/1995
4. FEI Number: 65-0233182 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CRAMER, DARYL B
625 NORTH FLAGLER DR.
9TH FLOOR
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: DARYL B. CRAMER, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): One Clearlake Centre, #201
83: 250 Australian Ave., South
84 City: West Palm Beach FL 85 Zip Code: 33401

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: _____ 1/1963 4/9/96
Signature typed or printed name of registered agent and title if applicable — Registered Agent's signature required when filing — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ MYERS, WILLIAM P 9030 LESLIE ST., STE. 308 RICHMOND HILL, ONTARIO	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	V/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VPD~~ ROHDIE, ROBERT 2200 LUCIEN WAY, STE. 350 MAITLAND FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MORTFIELD, STEPHEN L 9030 LESLIE ST., STE. 308 RICHMOND HILL, ONTARIO	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	500001798195 -04/29/96--01033--001 ***1,461.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: x William Myers 4/96 x(305)882-1242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #