

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

FILED

Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L88451** (4)
1. Corporation Name
SUSSEX REALTY CORPORATION



Principal Place of Business C/O DARYL B. CRAMER, P.A. 1 CLEARLAKE CEN. 250 AUSTRALIAN AV S. #201 WEST PALM BEACH FL 33402-4342	Mailing Address C/O DARYL B. CRAMER, P.A. 1 CLEARLAKE CEN. 250 AUSTRALIAN AV S. #201 WEST PALM BEACH FL 33402-4342
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 c/o Daryl B. Cramer, P.A. Suite, Apt. #, etc. 22 515 North Flagler Dr. #910 City & State 23 West Palm Beach, FL Zip 24 33401-4325 Country 25 USA		2a. Mailing Address 26 c/o Daryl B. Cramer, P.A. Suite, Apt. #, etc. 27 515 North Flagler Dr. #910 City & State 28 West Palm Beach, FL Zip 29 33401-4325 Country 30 USA		3. Date Incorporated or Qualified 07/23/1990	
		4. FEI Number 65-0233182		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent CRAMER, DARYL B P.A. C/O DARYL B. CRAMER, P.A. 1 CLEARLAKE CEN. 250 AUSTRALIAN AV S. #201 WEST PALM BEACH FL 33402-4342				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) 515 North Flagler Drive 83 Suite 910 84 City West Palm Beach FL 85 Zip Code 33401-4325	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V/D	<input type="checkbox"/> DELETE		1.1 TITLE	P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MYERS, WILLIAM P			1.2 NAME	William P. Myers		
STREET ADDRESS	9030 LESLIE ST., STE. 308			1.3 STREET ADDRESS	9030 Leslie Street, Ste. 308		
CITY-ST-ZIP	RICHMOND HILL, ONTARIO			1.4 CITY-ST-ZIP	Richmond Hill, Ontario Canada L4B 1G2		
TITLE	P/D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROHDIE, ROBERT			2.2 NAME	Michael Olynok		
STREET ADDRESS	2200 LUCIEN WAY, STE. 350			2.3 STREET ADDRESS	9030 Leslie Street		
CITY-ST-ZIP	MAITLAND FL			2.4 CITY-ST-ZIP	Richmond Hill, Ontario Canada L4B 1G2		
TITLE	STD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MORTFIELD, STEPHEN L			3.2 NAME	Fabrizio Lucchese		
STREET ADDRESS	9030 LESLIE ST., STE. 308			3.3 STREET ADDRESS	9030 Leslie Street, Ste. 308		
CITY-ST-ZIP	RICHMOND HILL, ONTARIO			3.4 CITY-ST-ZIP	Richmond Hill, Ontario Canada L4B 1G2		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 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

William P. Myers

William P. Myers, President

4/20/98

905-888-1210

CR2E034 (10/97)