FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M61656** **(8)**

1. Corporation Name

SUN REALTY OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
C/O NANCY C. SMITH 10887 N. MILITARY TRAIL SUITE 2 PALM BEACH GARDENS FL 33410	C/O NANCY C. SMITH 10887 N. MILITARY TRAIL SUITE 2 PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/28/1987
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business	2a. Mailing Address
21 4228 Hickory Dr	26 4228 Hickory Dr
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City, & State 23 Palm Bch Gdns FL	City & State 28 Palm Bch Gdns FL
Zip 24 33418 Country 25 U.S.A.	Zip 29 33418 Country 30 U.S.A.

4. FEI Number: 65-0010483 — ☐ 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	10. Name and Address of New Registered Agent
SMITH, NANCY C. 10887 N. MILITARY TRAIL SUITE 2 PALM BEACH GARDENS FL 33418	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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: _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SMITH, NANCY C.	12 NAME	
STREET ADDRESS	10887 N. MILITARY TRAIL	13 STREET ADDRESS	
CITY ST ZIP	PALM BCH GARDENS FL	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(5)(a), Florida Statutes. I further certify that the information indicated on this 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 with an address, with an asterisk in front of that address.

SIGNATURE: Nancy C Smith Nancy C. Smith — 4/28/95 (Date)
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

0240780 CP