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 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000001189 (8)

1. Corporation Name
SUNTREE REAL ESTATE, INC.

Principal Place of Business
~~2 SUNTREE PL~~
MELBOURNE FL 32940
US

Mailing Address
~~2 SUNTREE PLACE~~
MELBOURNE FL 32940
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/07/1993
3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-3159618 — 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

2. Principal Place of Business
21 6990 N. Wickham Rd
22 Suite, Apt #, etc
23 City & State: Melbourne, FL
24 Zip: 32940
25 Country: USA

2a. Mailing Address
26 7665 S. Tropical Trail
27 Suite, Apt #, etc
28 City & State: Merritt Island, FL
29 Zip: 32952
30 Country: USA

9. Name and Address of Current Registered Agent
~~PEEPLES, JAMES W III~~
~~505 NORTH ORLANDO AVE.~~
~~COCOA BEACH FL 32932-0757~~

10. Name and Address of New Registered Agent
81 Name: Hart, Betty
82 Street Address (P.O. Box Number is Not Acceptable): 7665 S. Tropical Trail
83
84 City: Merritt Island FL 85 Zip Code: 32952

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: Betty Hart — 5-10-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HART, BETTY
STREET ADDRESS	2 SUNTREE PL
CITY ST ZIP	MELBOURNE FL
TITLE	~~DPS~~
NAME	~~BOYD, CHARLES R~~ DELETE
STREET ADDRESS	~~2 SUNTREE PL~~
CITY ST ZIP	~~MELBOURNE FL~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☐ Addition
1.2 NAME	Hart, Betty	
1.3 STREET ADDRESS	7665 S. Tropical Trail	
1.4 CITY ST ZIP	Merritt Island, FL 32952	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

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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: Betty Hart Betty HART — 4-11-95 — 407-253-3111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074006 CP