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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # P9300005101 (9)

SUTTON & SUTTON REALTY, INC.

					1 <b>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </b>	
Principal Place of Business Mailing Address						BADITA 88431 OBITA OBTOK 84107 13031 OBITA 1807 1808
1223 EDGEWATER DR ORLANDO FL 32804		1223 EDGEWATER DR ORLANDO FL 32804-6356				
					3. Date incorporated or Q 01/21/1993	ualified 3a. Date of East Report 04/22/1996
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		59-3161485	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Des	sired \$8.75 Additional	
22 City & State		City & State		0.51-11-0	Fee Required	
23		28		6. Election Campaign Fina Trust Fund Contribution	ncing \$5.00 May Be Added to Fees	
Zip Country		Zip Country			R. This corporation has liability for intangible tax under s. 199.032,	
24	25 29 30		<b>—</b>	,	Florida Statutes Yes No	
	9. Name and Address of Current				10. Name and Address of	
SUT	TON, BARBARA C			81 Name	BARBARA COLE SUS	PPON
	B EDGEWATER DR		-	B2 Street		
ORL	ANDO FL 32804				Address (P.O. Box Number is Not A	DRIVE'
5 A . 8 4 ·			,	83	The Same of the Control	
·			-	84 City	ORLANDO	FL 85 Zip C 860 4
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligation of the obligation of the provision of the obligation	1 A 1/A	L/ n ~		corporation submits this statement poration's board of directors. I here required when reinstating)	for the purpose of changing its registered by accept the appointment as registored
12.	OFFICERS AND		18.	Agent signatur		O OFFICERS AND DIRECTORS IN 12
TITLE	D	<b>₩</b> DELETE	1.1 1(1)	.Ē	D	Change Addition
NAME	SUTTON, BARBARA C		1.2 NAI	AE .	BARBARA COLE SI	JTTON
STREET ADDRESS	1223 EDGEWATER DR		1.3 \$16	EE1 ADDRESS	D/B/A: DUSTY	
CITY-ST-ZIP	ORLANDO FL 32804		1.4 CIT	Y-\$1-ZIP		
TITLE	DELETE 2.1		2.1 101	.E		Change Addition
NAME			2.2 NA	ΝE		
STREET ADDRESS			2.3 STA	EET ADDRESS		
CITY-ST-ZIP		DELETE		Y-S1-ZIP		Change T Addition
TITLE	·	רַ טַ טנננונ	3.1 7174			Change Addition
NAME _ STREET ADDRESS			3.2 NA1			
CITY-ST-ZIP		•		EET ADDRESS Y-ST-ZIP		
TITLE		D DELETE	4.1 TITU			Change Addition
NAME			4.2 NA			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		,
TITLE		☐ DELETE	5.1 TITL			☐ Change ☐ Addition
NAME			5.2 NAI	ΛE	•	•
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		☐ DELETE	6.1 TH			Change Addition
NAME			6.2 NAM	ΛE		
STREET ADDRESS			6.3 STF	EET ADORESS		

I do 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.

CIGNIATI IDE.

ASSIGNATION DESCRIPTION

4-30-97 (427115-5732

**FILED** 

May 08 1997 8:00am

Secretary of State