

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

FILED

May 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

DOCUMENT # P93000026392 (9)

1. Corporation Name  
SUN & COMFORT INVESTMENTS, INC.



Principal Place of Business  
1303 HOMESTEAD RD. NORTH  
LEHIGH FL 33970

Mailing Address  
% ROBERT D. ROYSTON, JR.  
12670 NEW BRITTANY BLVD., STE. 101  
FORT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 237 Joel Blvd.  
Suite, Apt. #, etc.

22 City & State  
23 Lehigh Acres, FL

24 Zip 33972 25 Country USA

2a. Mailing Address  
26 Suite, Apt. #, etc.

27 City & State  
28 Zip Country

29 Zip Country 30

3. Date Incorporated or Qualified

04/09/1993

4. FEI Number 65-0452071 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ROYSTON, ROBERT D. J  
12670 NEW BRITTANY BLVD.  
SUITE 101  
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

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 607.1508, 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 in printed name of registered agent and date of application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	OTST	<input type="checkbox"/> DELETE
NAME	SCHWARZMEIER, WILLI	
STREET ADDRESS	1303 HOMESTEAD RD. NORTH	
CITY-ST-ZIP	LEHIGH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHWARZMEIER, SIMONE	
STREET ADDRESS	1303 HOMESTEAD RD., NO.	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	237 Joel Blvd.
1.4 CITY-ST-ZIP	Lehigh Acres, FL 33972
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	237 Joel Blvd.
2.4 CITY-ST-ZIP	Lehigh Acres, FL 33972
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

WILLI SCHWARZMEIER

CR2E034 (10/97)

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