

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

FILED  
Apr 17 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000027370 (4)  
1. Corporation Name  
SUNBURST PROFESSIONAL PROPERTY SERVICES, INC.



Principal Place of Business Mailing Address  
1380 HOMESTEAD ROAD N 1380 HOMESTEAD ROAD N  
LEHIGH ACRES FL 33936 LEHIGH ACRES FL 33936  
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/13/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0406323	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WHEELER, WILLIAM R  
730 CLEMWOOD AVE SO  
SUITE 100  
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent

81 Name LYND A. WHEELER  
82 Street Address (P.O. Box Number is Not Acceptable)  
730 CLEMWOOD AVE. S  
83  
84 City LEHIGH ACRES FL 85 Zip Code 33936

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 Lynda Wheeler 3-20-98  
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	D WHEELER, WILLIAM R <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P Lynda Wheeler <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHEELER, WILLIAM R	1.2 NAME	Lynda Wheeler
STREET ADDRESS	730 CLEMWOOD AVE SO	1.3 STREET ADDRESS	730 clemwood Ave
CITY-ST-ZIP	LEHIGH ACRES FL	1.4 CITY-ST-ZIP	Lehigh Acres, FL 33936
TITLE	D WHEELER, LYND A <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, LYND A	2.2 NAME	
STREET ADDRESS	730 CLEMWOOD AVE SO	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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: Lynda Wheeler 3-20-98 10620

CR2E034 (10/97)