Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90010 046 ***550.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P93000043973
4 Corneration Name	

SUN REALTY GROUP, INC.

OUN HEA	err diloor, ino								
Principal Place of Business Mailing Address							JEDISON III ANIGA IIIII ADSII DOIN DENI DERAS IIIIO ISUN IOCON ISU SADI		
3816 HOLLYWOOD BLVD. 1655 NE 115 STREET SUITE 203 UNIT #41-B HOLLYWOOD FL 33021 MIAMI FL 33021					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/22/1993				
2. Principal Pl	ace of Business	2a.	Mailing Address		_		4. FEI Number Applied For		
21		26					65-0419734 Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional				
22		27					Fee Required		
City & State	•	28	City & State				6. Election Campaign Financing S.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	1	Zip	Cou	intry		8. This corporation owes the current year Intangible		
24	25	29	[:	30			Personal Property Tax. Yes No		
•	9. Name and Address of Curren	ıt Regis	tered Agent				10. Name and Address of New Registered Agent		
					81	Name	Ç		
	EINBLUM, BRAIN				82	Street A	Address (P.O. Box Number is Not Acceptable)		
	NE 115 STREET				-	00011			
	#41-B				83				
MIAN	II FL 33181				84	City	85 Zip Code		
						, í	FL _		
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 or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AI			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSDT		☐ DELETE	1,1 T	TLE		Change Addition		
NAME	SCHEINBLUM, BRIAN			1.2 N	AME				
STREET ADDRESS	1655 NE 115 STREET			1.3 S	TREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33181			1.4 C	ΠY- S	T-ZIP			
TITLE	٧		DELETE	2.1 T	TLE		☐ Change ☐ Addition		
NAME	FEIRSTEIN, DOUGLAS			2.2 N	AME	i			
STREET ADDRESS	151 NE 16TH AVE. #1110			2.3 STREE		ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33301			2.40	ITY-5	T-ZIP			
TITLE			☐ DELETE	3.1 T	TLE		Change Addition		
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREET		ADDRESS			
CITY-ST-ZIP				34, CITY-5		T-ZIP			
TITLE			☐ DELETE	4.1 TITLE			Change Addition		
NAME				4.21	IAME				
STREET ADDRESS				4.3 S	TREE	ADDRESS			
CITY-ST-ZIP				4.4 C	ITY-5	T-ZIP			
TITLE			☐ DELETE	5.1 T	ITLE		☐ Change ☐ Addition		

6.4 CITY-ST-ZIP 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, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE: _

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change

Addition