

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

FILED

**Jan 21 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 # **P93000052159 (9)**
1. Corporation Name
ASSOCIATES OF SUN COUNTRY REALTY, INC.



Principal Place of Business: 24822 SW 177 AVE, HOMESTEAD FL 33031, US
Mailing Address: 24822 SW 177 AVE, HOMESTEAD FL 33031, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 07/26/1993
4. FEI Number: 65-042494
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
**LOYD, ONEIDA W
24822 SW 177 AVE
HOMESTEAD FL 33031**

10. Name and Address of New Registered Agent
81 Name: **TREMBLAY, LORRAINE**
82 Street Address (P.O. Box Number is Not Acceptable): **24822 S.W. 177 AVE**
83
84 City: **HOMESTEAD** FL 85 Zip Code: **33031**

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: *Lorraine Tremblay* DATE: **Jan 15, 1998**

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BERARD RALPH	
STREET ADDRESS	KEY LARGO, FL	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ONEIDA LOYD	
STREET ADDRESS	14820 NARANJA LAKES BLVD	
CITY-ST-ZIP	NARANJA LAKES FL	
TITLE	O	<input type="checkbox"/> DELETE
NAME	TREMBLAY LORRAINE	
STREET ADDRESS	19800 SW 180 AVE	
CITY-ST-ZIP	MIAMI FL	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DIRECTOR
3.3 STREET ADDRESS	TREMBLAY, LORRAINE
3.4 CITY-ST-ZIP	24822 S.W. 177 AVE HOMESTEAD, FL 33031
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PRESIDENT
4.3 STREET ADDRESS	GERALD T. WHITNEY JR
4.4 CITY-ST-ZIP	615 S. W 19th DRIVE HOMESTEAD, FL 33033
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.

SIGNATURE: *Gerald T. Whitney Jr* 305-245-0123

CR2E034 (10/97)