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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT # | P93000080956 | (4) |
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SUN & SEA REALTY, INC.

Principal Place of Business 5000 NORTH OCEAN BLVD. BRINY BREEZES FL 33435

Mailing Address

5000 NORTH OCEAN BLVD. BRINY BREEZES FL 33435-7341

FILED May 21 1997 8:00am Secretary of State



| | | | | | 3. Date incorporated or Qualified 11/23/1993 | 3a. Date of Last 04/01/1996 | | |
|--|---|-------------------------------|-------------------------|--|---|---|-------------------------------|--------|
| 2. Principal Pla | ce of Business Ivd. Suite 212 | 2a, Mailing Address | Blud.(S | uite 212, | 4 FELNumber | | Applied For Not Applicable | |
| Suite, Apt. # Boyn To | , etc - 1 -/ | Suite, Apt. #, etc. | Beach | L,FL | 5. Certificate of Status Desired | 1 1 4 | Additional Required | |
| City & State 23 34 5 | 35 Palm Beach | City & State 28 33435 | Palm | Beach | Election Campaign Financing Trust Fund Contribution | ☐ Added | May Be to Fees | |
| Zip | Country | Zip Country | | 8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes ✓ Yes ☐ No | | | | |
| 24 | 25 g. Name and Address of Current I | 29 Registered Agent | 30] | | 10. Name and Address of New Registered Agent | | | |
| SKAGGS, SANDRA W 5000 NORTH OCEAN BLVD. | | | 81 82 | 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| BRIN | Y BREEZES FL 33435 | | 63 | | | | | ì |
| | | | 84 | City | | FL B5 Zip | o Code | |
| office or to |) the provisions of Sections 607.0502 gistered agent, or both, in the Stale o n familiar with, and accept the obligati | Florida, Such change was | authorized b | v the corporati | oration submits this statement for the pon's board of directors. I hereby acce | purpose of charles, pt the appointment a | is registered | |
| SIGNATURE 5 | Signature, typed or printed name of registered agent | and title if applicable [NO | TE: Registered Ag | ent signature require | ad when reinstating) | DATE | | _ |
| 12. | OFFICERS AND | DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFIC | CERS AND DIRECTO |)RS IN 12 | (96/6) |
| TITLE | OPS | DELETE | 1.1 TITLE | Vi | ce President + Treas | urcr 🗆 Change | Addition | Ò |
| NAME | SKAGGS, SANDRA W | | 1.2 NAME | Š | andra W. Skaggs | | | 8 |
| STREET ADDRESS | I-210 PALM DRIVE | | 1.3 STREE | T ADDRESS 7 | · 211 Palm Dr. | | | F034 |
| CITY-ST-ZIP | BRINY BREEZES FL 33435 | | 1.4 CITY- | ST-ZIP | rinu Breazes FL | 33435 | | 2 |
| THE | DVT | DELETE | 2.1 TITLE | | , , , | ☐ Change | | Ū |
| NAME | CLAPPER, CHARLES D | | 2.2 NAME | • | • | | | ĺ |
| STREET AUDRESS | 6925 SKYLINE DR. | | | T ADORESS | | | | |
| l | DELRAY BEACH FL 33446 | | | | | | | ı |
| CITY - S1 - ZIP | DELIVI DENOTITE 00110 | DELETE | 2. 4 CiTY- 3.1 TiTLE | - 51 - 217 | | Change | e Addition | ĺ |
| TOLE | | □ otetic | 3.2 NAME | | | | | ı |
| NAME | | | | | | | | 1 |
| STREET ADDRESS | | | | TADDRESS | | | | ı |
| CITY-ST-7IP | | DELETE | 3.4. CITY- | | | Change | e Addition | |
| TITLE | | m nerest | 4.1 TITLE | | | Print Charles | - Lar Production | |
| NAME | | 4 | 4. 2 NAM | | | | | |
| STREET ADDRESS | | | | T ADDRESS | | | | ı |
| CITY - ST - ZIP | | T briefe | 4.4 CITY- | | <u>,</u> | Change | 8 Addition | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | C Crishly | , DAGGGGG | |
| NAME | | | 5.2 NAME | | | | | |
| STREET ADORESS | | | 5.3 STREE | et address | | | | |
| CHY-SI-ZIP | | | 5.4 CITY- | | | | | 1 |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | Change | e L. Addition | |
| NAME | | | 62 NAME | | | | , | |
| STREET ADDRESS | | | 6.3 STREE | ET ADDRESS | | | | |
| CITY-ST-ZIP | | | 64 CITY- | SY-ZIP | | | | 1 |
| 14. I do hereb | by certify that the information supplied | with this filing does not qua | alify for the ex | emption stated | d in Section 119.07(3)(i), Florida Statut my signature shall have the same leg | es. I further certify the | at the under oath: that | |
| I am an of | n indicated on trils aniloal report or so flicer or director of the corporation or to h Block 12 or Block 13 if changed, or i | he receiver or trustee empo | wered to exe | ocute this repor | rt as required by Chapter 607, Florida | Statutes; and that m | y name | |