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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STA

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300080956 (4)

SUN &	SEA REALTY, INC.				
Principal Place	o of Business	Mailing Address			is librise middier diffilier it papa die production
4600 OCEAN BLVD. 4600 OCEAN BLVD. STE. 212 STE. 212 BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435			3435	DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualified	
A B C C C C C C C C C C	The state of the s	7-2-4-5-		11/23/1993	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	# elo	Suite, Apt. #, etc.		65-0453392	Not Applicable
22	, 0.0	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State		6. Election Campaign Financing	
23	-	28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Ζφ	Country	8. This corporation owes or has paid the	
24	26	29	30	Personal Property Tex due June 30.	Yes No
	9, Name and Address of Curre		1	10. Name and Address of New Registe	red Agent
SK	AGGS, SANDRA W		81 Name		
5000 NORTH OCEAN BLVD. BRINY BREEZES FL 33435			82 Street Add	iress (P.O. Box Number is Not Acceptable)	·
			102 Silest Add	ress (F.C. Box Number is Not Acceptable)	
2,,,	5.1222.5 . 2 . 0 . 0 . 0 . 0		83		
			24 00	<u></u>	(a=1 == 0 ===
			84 City	!	EL 85 Zip Code
agent. I ar SIGNATURE	m familiar with, and accept the obli	gations of, Section 607.0505, F	lorida Statutes.	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	
	Signature, typoid or printed name of registered a		OTE: Registered Agent signature requi		
12.		ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	DPS SKAGGS, SANDRA W		1.2 NAME		CT Change CT Addition
STREET ADDRESS	I-211 PALM DR.		1.3 STREET ADORESS		
CITY-ST-ZIP	BRINY BREEZES FL		1.4 CITY-ST-ZIP		
TITLE	ONINT DREEZES IL	DELETE	2.1 TITLE	<u> </u>	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	* 3	
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	·····	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CHY-SI-78P			6.4 CITY - ST - 7IP		

14. Thereby 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:

February 13 1998

FILED

Feb 18 1998 8:00am

Secretary of State

276.2240

(1661) #SHEEL