FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000002874 (3)**

1. Corporation Name

SUN POINT REALTY, INC.

Principal Place of Business	Mailing Address
126 WILSHIRE BLVD #124 CASSELBERRY FL 32707 US	114 TEMPLE DR. LONGWOOD FL 32750

2. Principal Place of Business 21	2a. Mailing Address 26 4446 Beagle St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Orlando FL
Zip / Country 24 / 25	Zip / Country 29 32818 / 30 Orange

3. Date Incorporated or Qualified 01/05/1994	3a. Date of Last Report 04/25/1995
4. FEI Number 59-3266767	☐ Applied For ☐ Not Applicable
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 has liability for intangible tax under s 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent

GONG, TIFFANY A
114 TEMPLE DR.
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name: Tiffany Gong
82 Street Address (P.O. Box Number is Not Acceptable): 4446 Beagle ST
83:
84 City: Orlando FL 85 Zip Code: 32818

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD GONG, TIFFANY A 114 TEMPLE DR. LONGWOOD FL 32750 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 4446 Beagle St Orlando FL 32818
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VSD~~ ~~WILKES, DAVID L~~ ~~%114 TEMPLE DR.~~ ~~LONGWOOD FL 32750~~ ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LILY GONG 114 TEMPLE DR. LONGWOOD FL ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition 4446 Beagle St Orlando FL 32818
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Tiffany Gong, Tiffany Gong 4-9-96 407-244-8505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #