FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortnani

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P94000037742	(1)

SUNQUEST PROPERTY CONSULTANTS, INC.

Mailing Address Principal Place of Business 2400 LANCASHIRE CT 2400 LANCASHIRE CT KISSIMMEE FL 34744 KISSIMMEE FL 34744 3. Date Incorporated or Qualified 3a. Date of Last Report 08/25/1995 05/16/1994 4. FEI Number 2a. Mailing Address 2. Principal Place of Business

1		26		ļ	23-3240 100		NOT Applicable
2)	Suite, Apt. #, etc	27	Suite, Ant. #. etc.	5	. Cert/licate of Status Desired		\$8.75 Additional Fee Required
<u> </u>	City & State	28	City & State	6	. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
23	Zip Country	29	Zip Cou 30			□ No	
24	9. Name and Address of Current	Regi	stered Agent). Name and Address of New R	egistered A	gent
				DA Norma			

KING, BARRY 2400 LANCASHIRE COURT KISSIMMEE FL 34744

1	10. Name and Address of Non-Figure 1.
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City 85 Zip Code

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. Thereby accept the appointment as registered agent. Lam familiar with and accept the obligations of, Section 607,0505. Florida Statutes.

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	DELETE	1 1 fitle	Change Addition
, -	B, BARRY	1.2 NAME	
	LANCASHIRE COURT	1.3 STREET ADDRESS	
	MMEE FL 34743	14 CHY-ST-ZIP	The state of the s
TITLE	C) DELÉTÉ	2 1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STEEFT ADDRESS	
CITY-ST-ZIP		2.4 CHY (\$1 - 7)F	☐ Change ☐ Addition
TITLE	DELETE	3 1 T:TLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY ST-ZIP	Communication of the state of t
TITLE	DELETE	4 1 T:flF	Change Addition
NAME		: 4.2 NAME	
STREET ADDRESS		4.3 STRCE* ADDRESS	
CITY-ST-ZIP		44 CHY ST ZIP	
TITLE	☐ DELEJE	5 1 THLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY - ST - ZIP	C Character C Addition
TITLE	DELETE	E I TIFLE	Change Addition
NAME		6.2 NAMi	
STREET ADDRESS		6.3 STREET ADDRESS	
City: \$1-7iP		64 CHY-ST 7P	

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 5-2-96 407-848-8522

SIGNATURE: SIGNATURE AND TYPED OR PRINTED PAME OF SIGNING OFFICER OR DIRECTOR

Applied For