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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000044597 (0)

SUNSET GROVES DEVELOPMENT CORP.

Principal Place of Business

Mailing Address

May 01 1997 8:00am Secretary of State



4725 N COURTENAVA PKWY MERRITT ISLAND FL 32953 US		4725 N COURTENAY) P MERRITT ISLAND FL 32: US						
					3. Date Incorporated or Qualified 06/09/1994	3a. Date of Last Report 05/01/1998		
2. Principa Place of Busine		2a. Mailing Address			4. FEI Number	<u> </u>		Applied For
1 4725 N. Ca	URTENAY PLUV	26			59-3250408			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Certificate of Status Desired			Additional Required
City & State City & State 23 28								O May Be d to Fees
		Zip 29	Country 30	,		Yes [No	s. 199.032,
9, Name a	and Address of Current Re	gistered Agent			10. Name and Address of New Res	istered A	gent	·····
STRAND, WILLU	M J		81	Name				
4725 N COURTENAY PKWY MERRITT ISLAND FL 32953				82 Street Address (P.O. Box Number is Not Acceptable)				
			83					
-			84	City		FI	85 Zir	Code
SIGNATURE Signature, typical of	r printed name of registered agent and OFFICERS AND DI		OTE: Registered Ag	ent signature req	ulred when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECTO	DRS IN 12
mu D		DELETE	1.1 TITLE		5		Change	Addition
NAME STRAND.	WILLIAM J		1.2 NAME		STRAND, WILLIAM J.			•
STREET ADDRESS 4725 N C	OURTENAYIR PKWY		1.3 STREET					
OTY-SI-ZIP MERRITT	ISLAND FL'		1.4 CITY-5	1				
TILLE		DELETE	2.1 TITLE				Change	Addition
NAME			2.2 NAME					
STHEET ADDRESS			23 STREET	ADDRESS				
CHY-SI-Z#			2. 4 CITY-	ST-ZIP	<u> </u>			
TOLE		☐ DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME	1				
STHEET ACCINESS			3.3 STREET	ADDRESS	$(a,b) = \{a,b\} = \{a,b\}$			
CHY-ST-2iP			3,4. CITY-	ST-71P				
TILLE		DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME		•			
STREET ADDRESS			4 3 STREET	ADDRESS				
CitY-S1-78			4.4 CfTY - S	ST-ZIP	·			
TOTALE		☐ DELETE	5.1 TITLE		1	إ	Change	Addition
MAM!			5.2 NAME				ム に	11/2
STHEET ACORESS			5.3 STREE			Z#	17	1/4
C-TY - S1 - 7/P	74		5.4 CITY-5	ST-ZIP		//	4	11-17
TITLE		DELETE	6.1 TITLE		200000216		Clange	Addition
NAMe			6.2 NAME		20000216 -05/02/970110)nnn	13	
STREET ADDRESS			63 STREET	1	***226.25	,, ou	البر. ا	
City-St-7#			64 CITY-1	SY-ZIP	**** にひ 。 に つ			

14. To hereby certify that the information supplied with this filling 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: