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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000044597 (0)

SUNSET GROVES DEVELOPMENT CORP.

Principal Place of Business Mailing Address 4725 N COURTENAY PKWY 4725 N COURTENAY PKWY MERRITT ISLAND FL 32853 MERRITT ISLAND FL 32953 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/09/1994 2. Principal Place of Business 2a. Mailing Address Applied For 59-3250408 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 \Box Trust Fund Contribution Added to Fees Country Z_{ip} Country Zio 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. Yes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name STRAND, WILLIAM J 4725 N COURTENAY PKWY Street Address (P.O. Box Number is Not Acceptable) **MERRITT ISLAND FL 32953** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607 (9:02 and 607, 19:08. 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. Lam lamiliar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature typed or ponted name of regulation agent and title flapping tole (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS DELETE ☐ Change ☐ Addition 11 TITLE TIFLE STRAND, WILLIAM J 1.2 NAME NAME **4725 N COURTENAYR PKWY** 1.3 STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 2 1 TITLE 2 2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Addition 3 1 TITLE [] Change 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CfTY-ST-ZIP CITY-ST-ZIP DELFTE Addition TITLE 5.1 HILE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE Change Addition TITLE 6 1 TITLE 62 NAME NAME

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:

W.J. STRAND

4-U-98

407-459-911

6.3 STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

407-459-9911

FILED

May 15 1998 8:00am

Secretary of State