SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER \$0, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000059461 (1)

FILED Sep 24 1998 8:00am Secretary of State

SUNDIA	L REALTY, INC.					
Principal Plac	e of Business	Malling Address			a liberines iim fatis prais matis matis matis m	niði Mirien imili æiðið nasas tens löði
4113 NORTHWEST 46 DRIVE 4113 NORTHWEST 46 DRIVE					ţ	
GAINESVILLE FL 32606 GAINESVILLE FL 32606					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					08/12/1994	
2. Principal Place of Business 2a. Mailing Address 25				4. FEI Number	Applied For	
28 Suite, Apt. #, etc. Suite, Apt. #, etc.				59-3260398	Not Applicable \$8.75 Additional	
22					5. Certificate of Status Desired	Fee Required
City & State City		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28					Added to Fees
Zip	Country	Zip	Cou	intry	8. This corporation owes or has paid the	
24	[25]	29	30	T	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	it Registered Agent		81 Name	10. Name and Address of New Register	ed Agent
	NK, ELLI			of Ivallie		
4113 N.W. 46 DRIVE GAINESVILLE FL 32606			:	82 Street Address (P.O. Box Number is Not Acceptable)		
GA	NESVILLE PL 32000			83		
1		,	ļ			
				84 City		85 Zip Code
11. Pursuan	to the provisions of sections 607 050	2 and 607 1508 Florida Statuto	es the ab	ove-named corner	_	
office or	registered agent, or both, in the State	of Florida. Such change was	authorized	d by the corporation	ration submits this statement for the purpose of on's board of directors. I hereby accept the ap	polntment as registered
1	am tamiliar with, and accept the boilg	ations of, section 607.0505, Fi	orida Siai	iutes.		
SIGNATURE	Signature, typed or printed hame of registered ager	nt and title if applicable. (N	OTE: Registe	red Agent signature requ	ired when reinstating) DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TD	TLE		Change Addition
NAME	PILNIK, ELLI		1.2 NA	ME		
STREET ADDRESS	4113 NORTHWEST 46 DRIVE		13 ST	REET ADDRESS		(8
CITY-ST-ZIP	GAINESVILLE FL 32606		1.00.	1		c
TITLE			1.4 CI	TY-ST-ZIP		
NAME		DELETE	1.4 CIT 2.1 TIT	TY-ST-ZIP TLE		Change Addition
STREET ADDRESS		DELETE	1.4 CIT 2.1 TIT 2.2 NA	TY-ST-ZIP TLE		Change Addition
		☐ DELETE	1.4 CIT 2.1 TIT 2.2 NA 2.3 STI	TY-ST-ZIP TLE IME REET ADDRESS		Change Addition
CITY-ST-ZIP			1.4 CH 2.1 TH 2.2 NA 2.3 STI 2.4 CH	TY-ST-ZIP ILE IME REET ADDRESS TY-ST-ZIP		
THILE		☐ DELETE	1.4 CII 2.1 TII 2.2 NA 2.3 STI 2.4 CII 3.1 TII	TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP ILE		
TITLE NAME			1.4 CH 2.1 TH 2.2 NA 2.3 STH 2.4 CH 3.1 TH 3.2 NA	TY-ST-ZIP TLE LIME REET ADDRESS TY-ST-ZIP TLE LIME		
TITLE NAME STREET ADDRESS			1.4 CH 2.1 TH 2.2 NA 2.3 STI 2.4 CH 3.1 TH 3.2 NA 3.3 STI	TY-ST-ZIP ILE IME REET ADDRESS TY-ST-ZIP ILE IME REET ADDRESS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	1.4 CH 2.1 TH 2.2 NA 2.3 SH 2.4 CH 3.1 TH 3.2 NA 3.3 STF 3.4 CH	TY-ST-ZIP TILE ILME REET ADDRESS TY-ST-ZIP TILE ILE ILE REET ADDRESS TY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CIT 3.1 TIT 3.2 NA 3.3 STI 3.4 CIT 4.5 TIT	TY-ST-ZIP ILE IME REET ADDRESS TY-ST-ZIP ILE IME REET ADDRESS TY-ST-ZIP ILE IT-ST-ZIP ILE		
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14. I hereby 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 If changed, or on an attachment with an address.