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 # **P94000068987 (4)**

1. Corporation Name

SUNSTATE VENTURES II PROPERTIES, INC.

Principal Place of Business	Mailing Address
550 N. REO STREET STE. 105B TAMPA FL 33609	550 N. REO STREET STE. 105B TAMPA FL 33609

3. Date Incorporated or Qualified: **09/13/1994**

3a. Date of Last Report: **06/23/1995**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: **65-0521454** ☐ Applied For ☐ Not Applicable

5. Certificate of Status is 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

HARRELL, DONALD J
2033 MAIN STREET
STE. 300
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City — **FL** — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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. Should I/we be designated by the corporation's board of directors, I/we agree to accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	KNIPPERS, EUGENE B		12 NAME	
STREET ADDRESS	550 N. REO STREET STE. 105B		13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609		14 CITY-ST-ZIP	
TITLE	VPS	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	WINSHIP, CHARLES D		22 NAME	
STREET ADDRESS	550 N. REO STREET STE. 105B		23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609		24 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	MESHAD, JOHN W		32 NAME	
STREET ADDRESS	1900 RINGLING BLVD.		33 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236		34 CITY-ST-ZIP	
TITLE	T	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	LANHAM, DOUGLAS S		42 NAME	
STREET ADDRESS	550 N. REO STREET STE. 105B		43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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 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 X in Block 13.

SIGNATURE: _____ DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR