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 # 1. Corporation Name P94000094112 (7)

SUNSET BEACH PROPE	ERTIES, INC.			
Principal Place of Business	Mailing Address		- I SOUTH AND SEE THE SECOND CONTRACTOR OF THE	18111 BIGDI 11841 11818 1181 1881
9800 W. GULF BLVD TREASURE ISLAND FL 33706 US	% TWIN LAKES GC 3200 W. 96TH ST. CARMEL IN 46032 US		DO NOT WRITE IN TH	IS SPACE
	03		 Date Incorporated or Qualified 12/29/1994 	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3289860	Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
I City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Count	28	Country	Trust Fund Contribution	Added to Fees
24 25	29	30	 This corporation owes or has paid the of Personal Property Tax due June 30. 	current year Intangible Yes 🛣 No
	ess of Current Registered Agent	100	10. Name and Address of New Registers	
KENNETH BROWN		81 Name		
9551 W. GULF BLVD.		82 Street Add	lress (P.O. Box Number is Not Acceptable)	
Treasure Island Fl	33706	83		
		63		
		84 City	F	85 Zip Code
11. Pursuant to the provisions of Sec office or registered agent, or boll	chons 607.0502 and 607.1508, Florida Statut h, in the State of Florida. Such change was a cept the obligations of, Section 607.0505, Flo	les, the above-named cor authorized by the corpora		
agent. I am familiar with, and acc	cept the obligations of, Section 607.0505, Fi	lorida Statutes.	mon's board of directors, I hereby accept the a	ppointment as registered
SIGNATURE			,	ppointinent as registered
SIGNATURE Signature typed or printed name	re of registered agosti and title if applicable (NOT	It: Registered Agent signature requ	red when re-instaling) DATE	
SIGNATURE Signature typed or printed name			,	
SIGNATURE SIGNATURE 1 SIGNATURE 1 SIGNATURE PS NAME PROWN, KENNET	ne of regions of agent and title if applicable (NOT DEFRICERS AND DIRECTORS DELETE	TE: Registered Agent signature requ	red when re-instaling) DATE	ND DIRECTORS IN 12
SIGNATURE algorithm typed or present hand 12. C TITLE PS NAME BROWN, KENNET STREET ADDRESS 2678 DEER RUN	ne of regions of agent and title if applicable (NOT DEFRICERS AND DIRECTORS DELETE	TE Registered Agent signature requirements 13. 11 TITLE	red when re-instaling) DATE	ND DIRECTORS IN 12
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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 eath; that I am an officer or director of the corporation or the receiver or trustoc empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes. 14/22/90

FILED

May 01 1998 8:00am

Secretary of State