

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

FILED

Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000012996 (1)**

1. Corporation Name
SUNSET COVE RESORT, INC.

Principal Place of Business
**9930 OVERSEAS HIGHWAY
KEY LARGO FL 33037**

Mailing Address
**PO BOX 99
KEY LARGO FL 33037**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/15/1995

4. FEI Number
65-0561908

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
21 **99360 OVERSEAS Highway**
Suite, Apt. #, etc.

22 City & State
Key LARGO, FLA.

23 Zip
33037

24 Country
MONROE

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

NORTON, C.W.
9930 OVERSEAS HIGHWAY 99360
PO BOX 99
KEY LARGO FL 33037

Maid is only DEL. To Po Box.

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
99360 OVERSEAS Hwy - P.O. Box 99
83 **Key LARGO, FL 33037**
84 City
FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

C.W. Norton

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DUNHAM, ROGER
9930 OVERSEAS HIGHWAY 99360
KEY LARGO FL 33037

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DRENNAN, EILEEN
9930 OVERSEAS HIGHWAY 99360
KEY LARGO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STDR
NORTON, C.W.
PO BOX 99 N/A
KEY LARGO FL 33037

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *C.W. Norton* **C.W. NORTON**

1/29/98 305-451-0705

CR2E034 (10/97)