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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # P95000021352 (6) 1ST FLORIDA SUNSHINE REALTY CORP. Principal Place of Business Mailing Address 1000 ISLAND BLVD. PENTHOUSE 11 1000 ISLAND BLVD. PENTHOUSE 11 NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL 33160 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/16/1995

FILED

May 11 1998 8:00am

2. Principal Place of Business			2a. Mailing Address			4. FEI Number			Applied For		
1		26	26			65-0580826			Not Applicable		
2	Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required				
3			City & State		6.	Election Campaign Financing Trust Fund Contribution					
4	Zip Country 25	29	30	ountry		8.	This corporation owes or has paid the curre Personal Property Tax due June 30.	ent yea	ar Intangible		
	Name and Address of Current	Regi	stered Agent		10. Name and Address of New Registered Agent						
	NEUHUBER, KURT R			81	Name						
	1000 ISLAND BOULEVARD PH11 NORTH MIAMI BEACH FL 33160	82	Street Addres	eet Address (P.O. Box Number is Not Acceptable)							
				83	•						
				84	City	•	FI	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 agont, 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 agont, and accept the appointment as registered agont, 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 agont, 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 agont, 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 agont, 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 agont, 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 agont.

	Signature, typed or printed name of registered agent and title if applica		Registered Agent signature requi		DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO O		
TITLE	Υ	☐ DELETE	1.1 TITLE		Change	☐ Addition
IAME	NEUHUBER, KURT R		1.2 NAME			
TREET ADDRESS	1000 ISLAND BOULEVARD PH11		1.3 STREET ADDRESS			
ITY-ST-ZIP	NORTH MIAMI BEACH FL 33160		1.4 CITY - ST - ZIP			
ITLE		DELETE	2.1 TITLE		☐ Change	Addition
AME			2.2 NAME			
TREET ADDRESS			2.3 STREET ADDRESS			
ITY-ST-ZIP			2. 4 CITY - ST - ZIP			
TLE		DELETE	3.1 TITLE		Change	Additio
AME			3.2 NAME			
TREET ADDRESS			3.3 STREET ADDRESS			
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AME	w .		4. 2 NAME			
TREET ADDRESS			4.3 STREET ADDRESS			
ITY-ST-ZIP			4.4 CITY - ST - ZIP			
TLE		DELETE	5.1 TITLE		☐ Change	☐ Addition
AME			5.2 NAME		•	
TREET ADDRESS			5.3 STREET ADDRESS			
ITY-ST-ZIP			5.4 CITY - ST - 2IP			
TLE		DELETE	6.1 TrTLE		Change	Addition
AME			6.2 NAME			
TREET ADDRESS			6.3 STREET ADDRESS		•	
THE PERIODS			0.9 STINCE I AUDINESS			

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 on an attacking of the same legal effect as if made under oath; that I am address.

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