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

Mailing Address

1100 SHOAL RIVER DR

CRESTVIEW EL 32539

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000024772

Principal Place of Business

1100 SHOAL RIVER DR CRESTVIEW EL 32539

SUN DIAMOND REALTY, INC.

US	US				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 03/27/1995	,	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3309062		Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75	Additional
22			_		5. Certifcate of Status Desired	Fee	Required
City & State	e	City & State			6. Election Campaign Financing	\$5.0	0 May Be
23	28				Trust Fund Contribution		d to Fees
Zip	Country Zip Co				8. This corporation owes the current year I	ntangible	
24	25	29 3		•	Personal Property Tax.	☐ Yes	□No
[4]	9. Name and Address of Curren				10. Name and Address of New Registere	Agent	
	Hallic alla Hadisəs V. Selver.		81	Name			
CHAN, GILBERT					,		
1100 SHOAL RIVER DR				Street Add	ress (P.O. Box Number is Not Acceptable)		
	STVIEW FL 32539		83				
O. 1464			03				
			84	City		85 Zi	ip Code
					F		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	horized by	the corporate	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ot changing bintment as	registered
SIGNATURE				 	ed when reinstating) DATE		
	Signature, typed or printed name of registered agen	* ***	egistered Ager	it signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12
12.		ID DIRECTORS /		ı	ADDITIONO, INTO ZO TO CITIOZITO,	Chang	
TITLE	PVST	☐ DELETE	1.1 TITLE			Onang	
NAME	CHAN, GILBERT		1.2 NAME	1			
STREET ADDRESS	1100 SHOAL RIVER DR		1.3 STREE	ADORESS			
CITY-ST-ZIP	CRESTVIEW FL 32539		1.4 CITY-S	T-ZIP	<u>' </u>		
TITLE		☐ DELETE	2.1 TITLE			Chang	je 🗌 Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			
_CITY-ST-ZIP			2.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Chang	je 🗌 Addition
NAME		_	3.2 NAME				
-			3.3 STREET	TADORESS			
STREET ADDRESS			3.4. CITY-5	1			
CITY-ST-ZIP		DELETE	4.1 TITLE	11-ZIP	· · · · · · · · · · · · · · · · · · ·	Chang	e Addition
TITLE			4				,
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			- D Add':
TITLE		☐ DELETE	5.1 TITLE	1		Chang	ge Addition
NAME			5.2 NAME	1			
STREET ADDRESS			5.3 STREE	ADORESS		•	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Chang	e Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			
ALBERT AUUNESS	1						

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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

3/18/99 (850) 689-1111

FILED

Secretary of State

03-22-1999 90021 050 ***150.00

Mar 22, 1999 8:00 am