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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 15 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000010504 (4)

SUNSET BAY DEVELOPERS, INC.

Principal Plac	ce of Business	Mailing Address	WFU		OT OTDET BRIDE DIEST BRSTES DERF TRAT
28050 U.S. 19 NORTH		28050 U.S. 19 NORTH			
SUITE 100 CLEARWATE	D EI 94621	SUITE 100 CLEARWATER FL 34621		DO NOT WRITE IN T	HIC CDACE
OLEMBITATE	n rg 99021	OLCANWAIER PL 34021		3. Date Incorporated or Qualified	nia arace
				02/01/1996	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3366614	Not Applicable
Suite, Apt.	. #, elc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		City & State			Fee Required
23	NO.	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the	
24	25	├ ─ `	, 100	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registe	
	DX, GREGORY A		81 Name		
28050 U.S. 19 NORTH			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
SUITE 100					
CL	EARWATER FL 34621		83		
			84 City		B5 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 _					
	Signature, typed or printed name of registered as		Registered Agent signature require		
12. TITLE	OFFICERS AT	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	
NAME	SZASZ, STEVE	□ perese	1.1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS	309 HARBOR DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BCH FL		1.4 CITY-ST-ZIP		
TITLE	V	DELETE	2.1 TITLE		Change Addition
NAME	\$ZASZ, ROBERT		2.2 NAME		
STREET ADDRESS	355 12TH AVE N		2.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BCH FL		2 4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SZ ASZ, MARY		3.2 NAME		
STREET ADDRESS	309 HARBOR DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BCH FL		3.4. CITY-ST-ZIP		
TITLE	D	L_] DELETE	4.1 TITLE		Change Addition
NAME	ADLER, LASZLO		4. 2 NAME		
STREET ADDRESS	301 HARBOR DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BCH FL	T] priete	4.4 CITY-ST-ZIP		Observe Taken
TITLE		DELETE	5.1 TITLE		Change Addition
NAME Street address			5.2 NAME		
			5.3 STREFT ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZIP 61 TITLE		Change Addition
1114		L DECEN	OT MILE		L Change L Addition

6.4 City-St-ZiP

16. 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 receiveryor trusted employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an enterphise of with an address.