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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000096163 (6)

SUN LOVERS REALTY, INC.

Principal Place of Business Mailing Address					F IRRUSADE LIB TREES BESTE MAIN RASHS MAIN MAIN RASHS AND RUSH STATE STORE THE FRANK THE FRANK THE FRANK THE F		
5930 A1A SOUTH 5930 A1A SOUTH ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084			-7048		·		
					 Date Incorporated or Qualified 11/26/1996 	3a. Date of Last F	leport
2. Principal Place of Business 2a. Mailing Address					4, FE! Number	A	oplied For
21		26			59-3415020 Not Applicable		
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State		City & Stato		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country		8. This corporation has liability for		. 199.032,
24 25		[29]]30]		Florida Statutes Service Statutes Service Service Statutes Service Ser		
	9. Name and Address of Currer	it Registered Agent		1 Name	10. Name and Address of New Re	distated About	
	TH, DENISE L A1A SOUTH		L_I		ddress (P.O. Box Number is Not Acceptable)		
	AUGUSTINE FL 32084			83			
			Ĺ				
			8	4 City		FL 85 Zip	Code
SIGNATURE	Signature, typed or printed name of jugistered age	with.			equired when reinstating) ADDITIONS/CHANGES TO OFFIC	SI 114.1	
12. *** *********************************	PTD	DELETE	11 10 LF	T	ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME	SMITH, DENISE L		12 NAMI				
STREET ADDRESS	5930 A1A SOUTH		13 STRE	E1 ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE FL 32084		1.4 City	- ST - ZIP			
TITLE	SD	DELETE	21 TITLE	}		☐ Change	Addition
NAME	SMITH, WILLIAM J		2.2 NAMI				
STREET ADDRESS	5930 A1A SOUTH			ET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE FL 32084		2. 4 CH Y	NY-S1-ZIP		Change	Addition
TITLE NAME		(Auc.)	3.2 NAM			L. J. S. Island	
STREET ADDRESS				£1 ADDRESS			
CITY-ST-ZIP			3.4. CITY				
TITLE		DELETE	4.1 1/11 6			Change	Addition
NAME			4. 2 NAM	ų			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-\$1-ZIP			4.4 CHTY			T Aba	Addition
TITLE		L) DELFTE	5.1 3111.6	1		Change .	Addition
NAME			5.2 NAM				120
STREET ADDRESS				ET ADDRESS		V <i>I</i> :	33-17
CITY-ST-ZIP TITLE		DELETE	5.4 CHY 6.1 THUE			Change	Addition
NAME		hard Free verify	6.2 NAM		00000211 -03/18/97010 ***165.00	'esin ,	
STREET ADDRESS				F1 ADDRESS	-U3/18/97U1U	11015	
CITY-ST-7IP			6.4 CITY		***165.00		

14. I do 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.

CITY-ST-ZIP

FILED

Mar 17 1997 8:00am

Secretary of State