

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jan 23 1998 8:00am  
Secretary of State

DOCUMENT # **P96000096163 (6)**

1. Corporation Name  
**SUN LOVERS REALTY, INC.**

Principal Place of Business  
**5930 A1A SOUTH  
ST. AUGUSTINE FL 32084**

Mailing Address  
**5930 A1A SOUTH  
ST. AUGUSTINE FL 32084**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/26/1996**

4. FEI Number

**59-3415020**

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

2a. Mailing Address

21 Suite, Apt #, etc.

26 **1201 Winterhawk Dr.**

22 City & State

27 City & State  
**St. Augustine, Fl.**

23 Zip Country

28 Zip Country  
**32086 St. Johns**

9. Name and Address of Current Registered Agent

**SMITH, DENISE L  
5930 A1A SOUTH  
ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent

81 Name **Smith, Denise L.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1201 Winterhawk Dr.**  
83  
84 City **St. Augustine, FL** 85 Zip Code **32086**

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

*Denise L. Smith*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**11/13/98**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	<b>SMITH, DENISE L</b>	
STREET ADDRESS	<b>5930 A1A SOUTH</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32084</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>SMITH, WILLIAM J</b>	
STREET ADDRESS	<b>5930 A1A SOUTH</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32084</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Smith, Denise L.</b>	
1.3 STREET ADDRESS	<b>1201 Winterhawk Dr.</b>	
1.4 CITY-ST-ZIP	<b>St. Augustine, Fl. 32086</b>	
2.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Smith, William J.</b>	
2.3 STREET ADDRESS	<b>1201 Winterhawk Dr.</b>	
2.4 CITY-ST-ZIP	<b>St. Augustine, Fl. 32086</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Denise L. Smith* **WILLIAM J. SMITH**

**11/13/98**

**904-280-8220**

CR2E034 (10/97)