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

DOCUMENT # P9700033800 (8)

SUNSET HOLDINGS OF FT. LAUDERDALE, INC.

Principal Place of Business

Mailing Address

FILED Apr 20 1998 8:00am Secretary of State



| 6400 NORTH ANDREWS AVENUE FT LAUDERDALE FL 33309 | | 6400 NORTH ANDREWS AVENUE FT LAUDERDALE FL 33309 | | | | | |
|--|--|---|--------------------|-----------|--|-----------------------------------|-------------------|
| | | | | | DO NOT WRITE IN THIS | SPACE | , |
| | | | | | 3. Date Incorporated or Qualified 04/15/1997 | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | plied For |
| 21 | | 26 | | | 65-0746201 | | t Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | | City & State | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | | 28 | | | Trust Fund Contribution | Added t | |
| Zip | Country | Zip | Countr | y | 8. This corporation owes or has paid the cu | | |
| 24 | [25] | | 0 | | Personal Property Tax due June 30. 10. Name and Address of New Registered | | J No |
| B U | g, Name and Address of Current KE, BRYAN W ESQ. | Registered Agent | 81 | Name | 10, Name and Address of New Registered | Agent | |
| | | 0 | IName | | | | |
| | NO NORTH ANDREWS AVENUE | | 82 Street Ad | | Address (P.O. Box Number is Not Acceptable) | | |
| FI | LAUDERDALE FL 33309 | | 83 | | | | |
| | | | | <u> </u> | | | |
| | | | 84 | City | Fl | 85 Zip C | 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 agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE | | | | | | | |
| 12. | OFFICERS AND | DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTOR | S IN 12 |
| TITLE | TO TO | DELETE | 1171TLE | | DP | change | Addition |
| NAME | S TILES, TERRY W | | 1.2 NAME | | STILES, TERRY W. | | |
| STREET ADDRESS | 6400 NORTH ANDREWS AVEN | UE | 1.3 STREET ADDRESS | | 6400 North Andrews Avenue | | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33309 | | 1.4 CITY-ST-ZIP | | Ft Lauderdale, FL 33309 | | |
| TITLE | ☐ DELETE 21 | | 21 THLE | | VT | Change | Addition 💂 |
| NAME | | | 22 NAME | ļ | STILES, TRESA | | |
| STREET ADDRESS | | | 23 STREE | T ADDRESS | 6400 North Andrews Avenue | | |
| CITY-ST-ZIP | | | 2 4 CITY-ST-ZIP | | Ft. Lauderdale, FL 33309 | | |
| TITLE | DELETE | | 3.1 TITLE | | S | ☐ Change | Addition oc |
| NAME | 32 | | 3.2 NAME | | DUKE, BRYAN W. | | |
| STREET ADDRESS | | | | | 6400 North Andrews Avenue | | |
| CITY-ST-ZIP | | | 3.4. CITY- | ST-ZIP | Ft Lauderdale, FL 33309 | | |
| TITLE | | DELETE | 4.1 TITLE | 1 | | ☐ Change | Addition |
| NAME | | | 4. 2 NAME | . | | | |
| STREET ADDRESS | | | 4.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY- | ST-ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | Change | Addition Addition |
| NAME | | | 5.2 NAME | | , | | |
| STREET ADDRESS | | | 5.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY- | S1-ZIP | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | j | | Change | |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6 3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | | | 6.4 C(TY- | | 11.0 | | T. 4 |
| 14. I hereby certify that the information supplied with this filing does not sualify 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 of trusted 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. | | | | | | | |

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