

<b>DOCUMENT # P97000105201</b>			
1. Entity Name <b>SUTTON &amp; SUTTON REALTY, INC.</b>			
Principal Place of Business <b>1223 EDGEWATER DRIVE ORLANDO FL 32804</b>		Mailing Address <b>1223 EDGEWATER DRIVE ORLANDO FL 32804-6356</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>			
<b>SUTTON, BARBARA C 1223 EDGEWATER DRIVE ORLANDO FL 32804</b>			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
<b>11. OFFICERS AND DIRECTORS</b>			
TITLE	<b>D</b> <input type="checkbox"/> Delete		
NAME	<b>SUTTON, B. DUSTY C</b>		
STREET ADDRESS	<b>1223 EDGEWATER DRIVE</b>		
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>		
TITLE	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		
NAME			
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<b>12.</b>			
TITLE			
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TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607 of the Florida Statutes, and that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 of the Florida Statutes, changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Barbara C. Dusty Sutton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

**SIGNATURE:** Barbara C. "Dusty" Sutton 4-14-00 407-425-5030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Barbara C. "Dusty" Sutton

CR2E034 (9/99)