

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90396 037 ***150.00

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1. Entity Name

SOUTHERN SUN PROPERTY MANAGEMENT AND REAL ESTATE, INC.



Principal Place of Business

3170 N FEDERAL HWY
114
LIGHTHOUSE POINT FL 33064

Mailing Address

PO BOX 39589
FORT LAUDERDALE FL 33339-9589

24035214



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3042 N. Federal Hwy
Suite, Apt. #, etc.
#300

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT. Lauderdale FL

City & State

4. FEI Number

65-0967881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVY, JEFFREY B
100 S.E. 6TH STREET
FORT LAUDERDALE FL 33301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PS
NAME OTTO, WESLEY ☐ Delete
STREET ADDRESS 3170 N FEDERAL HWY # 114
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☒ Change ☐ Addition
NAME OTTO Wesley
STREET ADDRESS 3042 N. Federal Hwy #300
CITY-ST-ZIP FT. Lauderdale FL 33306

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wesley D. Otto Wesley D. Otto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/04 954-914-2987

Date

Daytime Phone #