SIGNATURE:

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FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State BINVISIONS C 1996 (4)**DOCUMENT #** Corporation Name SUNDOWN REALTY, INC. Mailing Address Principal Place of Business 11120 SE FEDERAL HWY. 11120 SE FEDERAL HWY. HOBE SOUND FL 33455 HOBE SOUND FL 33455 3a. Date of Last Report 3. Date Incorporated or Qualified 10/04/1991 05/01/1995 Applied For 4. FEI Nomber 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0290383 26 21 \$8.75 Additional Saite, Act. #, etc Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 28 23 This corporation has liability for intangible tax under s 199.032 Country Country Zip Zip Florida Statutes X Yes No 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) INGRAM, WILLIAM T., SR. 82 11120 SE FEDERAL HWY. 83 **HOBE SOUND FL 33455** Zip Code **B**5 **B4** City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607,0506. Florida Statutes. SIGNATURE CIATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition ☐ Change DELETE 1.1 THE F TITLE * 2 NAME HELM, KIM INGRAM NAMe 13 STREET ADDRESS 19000 SE ISLAND CTRY ES STREET ADDRESS 1.4 COY - S* - ZO JUPITER FL CITY - ST - ZIP Change Addition DELETE 2.1 III.£ TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 Cilly - ST 7 P CITY - ST - 7iP Addition Change 3 1 lilut DELETE TITLE 3.2 NAME 3.3 STHEET ADDRESS STREET ADDRESS 34 CHY-ST ZP CITY S1-ZiP ☐ Change Addition DELETE A STOLE TITLE 4.5 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4.CHY - S1 - ZIP CITY - ST - ZiP Change Addition DELETE 5 1 1/16 THILE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY | \$1 - ZIP CITY-ST-ZIP Change Addition □ DELETE 6 1 FIRE TITLE 6.2 NAME NAMÉ 6.3 STREET ADDRESS STREET ADDRESS 6.4 CHY+SI+ZIP 14. I do hereby certify that the information supplied with this filing is vokuntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; that I am an officer or director of the corporation or the receiver or 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 chapted, or only liaitarchment with an address. CITY - S1 - ZIP

SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

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