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 # V60644

(4)

SURE AND TURE REALTY, INC.

)

FILED Jan 22 1998 8:00am Secretary of State

SUNF AND TONF REALIT, INC.				
Principal Place of Business	Mailing Address			043 03041 01011 04011 E1011 4A01
5325. CR#208	5325. CR#208			
ST. AUGUSTINE FL 32092	ST. AUGUSTINE FL 32092	2	DO NOT WRITE IN THI	S SDACE
US	US		3. Date Incorporated or Qualified	3 St ACL
			08/28/1992	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		NOT APPLICABLE	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the c	
24 25 9. Name and Address of Current F	<u> </u>	30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
*	redistated wiletit	81 Name	10. Name and Address of New Registere	o Agent
CURTIS, BRUCE				
5325, CR#208 ST. AUGUSTINE FL 32092		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
SI. AUGUSTINE PL 32092		83		
		84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 a	and 607 1508 Florida Statute	es the above-named corn		
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	Florida Such change was a	uthorized by the corporat	ion's board of directors. I hereby accept the ap	ppointment as registered
	ons of, Section 607.05 05, Fig	rida Statutes		
SIGNATURE Signature, typed or printed name of registered agent a	ed tille if applicable (NOTE	· Rogistored Agent signature requir	ed when reinstating) DATE	
12. OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 12
TITLE PD	DELETE	1.1 TITLE		Change Addition
NAME CURTIS, BRUCE		1.2 NAME		
STREET ADDRESS 5325, CR#208		1.3 STREET ADDRESS		
CITY-ST-ZIP ST. AUGUSTINE FL		1.4 CITY - ST - ZIP		
TITLE VD	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME CURTIS, BARBARA S		2.2 NAME		
STREET ADDRESS 5325, CR#208		2.3 STREET ADDRESS		ł
CITY-ST-ZIP ST. AUGUSTINE FL		2 4 CITY - ST - ZIP		
TITLE 8TD	☐ DELETE	3.1 TITLE		Change Addition
NAME VAUTIER, PATRICIA		3.2 NAME		-
STREET ADDRESS 5325, CR#208		3 3 STREET ADDRESS		
CITY-ST-ZIP ST. AUGUSTINE FL		3 4. CiTY - ST - ZIP		
TITLE	DELETE	41 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	5.4 C(1Y - S1 - Z(P		Ohanna D takes
TIFLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		Į
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP	7437 - 111	6.4 CITY - ST - ZIP	Section 119.07(3)(i), Florida Statutes. I further	

i. I nereby certify that the information supplied with this filing does not quality 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.

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