

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90153 044 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V70400**

1. Corporation Name  
**SUNSTREAM REALTY, INC.**

Principal Place of Business <b>6640 ESTERO BLVD. FORT MYERS BEACH FL 33901</b>	Mailing Address <b>6640 ESTERO BLVD. FORT MYERS BEACH FL 33901</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>10/12/1992</b>	4. FEI Number <b>65-0372550</b> Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MONSRUD, MARY ANNE  
6640 ESTERO BLVD  
SUITE B  
FORT MYERS BEACH FL 33931**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SWANSON, ROBERT J.</b>	1.2 NAME	
STREET ADDRESS	<b>1303 S. FRONTAGE RD #11</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HASTINGS MN</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DPT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAWRENCE, DAVID A.</b>	2.2 NAME	
STREET ADDRESS	<b>1303 S. FRONTAGE RD #11</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HASTINGS MN</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DVT</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLUEGEL, DONALD J.</b>	3.2 NAME	
STREET ADDRESS	<b>1303 S. FRONTAGE RD., #5</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HASTINGS MN</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DVS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VOGEL, JAMES D.</b>	4.2 NAME	
STREET ADDRESS	<b>3936 TAMiami TRAIL N. STE. D</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DVT</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MONSRUD, MARY ANNE</b>	5.2 NAME	
STREET ADDRESS	<b>6640 ESTERO BLVD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS BCH. FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAWRENCE, PAUL W.</b>	6.2 NAME	
STREET ADDRESS	<b>1303 S. FRONTAGE RD., #11</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HASTINGS MN</b>	6.4 CITY-ST-ZIP	

14. 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 annual report or supplementary 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/2/99 941-765-4111**

CR2E034 (11/98)