

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # **454595** (0)

1. Corporation Name  
**SUNNILAND BANK**



Principal Place of Business: **424 WEST SUNRISE BLVD. FT. LAUDERDALE FL 33311-6211**  
Mailing Address: **424 WEST SUNRISE BLVD. FT. LAUDERDALE FL 33311-6211**

3. Date Incorporated or Qualified: **06/11/1974**  
3a. Date of Last Report: **06/07/1995**  
4. FEI Number: **59-1548423**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent: **LEONARD MICKIE, 424 W. SUNRISE BLVD., FORT LAUDERDALE FL 33311**  
10. Name and Address of New Registered Agent (81) Name: **Donald Bowden**  
(82) Street Address (P.O. Box Number is Not Acceptable): **424 West Sunrise Blvd.**  
(83) City: **Ft. Lauderdale** (84) State: **FL** (85) Zip Code: **33311**

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: *Donald Bowden* **Donald Bowden/Pres.CEO, Director** 4/26/96  
Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>DC</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>LEONARD, MICKIE</b>	1.1 TITLE: <b>DC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>Harry Carratt</b>
STREET ADDRESS: <b>1334 PONCE DE LEON DR</b>	CITY-ST-ZIP: <b>FT LAUDERDALE FL</b>	1.2 NAME: <b>Harry Carratt</b>	1.3 STREET ADDRESS: <b>509 N. Ridgewood Dr.</b>
TITLE: <b>D</b> <input type="checkbox"/> DELETE	NAME: <b>LEONARD, THOMAS A.</b>	2.1 TITLE: <b>Dp</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME: <b>Donald L. Bowden</b>
STREET ADDRESS: <b>9300 N.E. 4TH AVE.</b>	CITY-ST-ZIP: <b>MIAMI SHORES FL</b>	2.3 STREET ADDRESS: <b>509 N. Ridgewood Dr.</b>	2.4 CITY-ST-ZIP: <b>Sebring FL 33870</b>
TITLE: <b>DS</b> <input type="checkbox"/> DELETE	NAME: <b>CARRATT, HARRY</b>	3.1 TITLE: <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME: <b>Raymond Hensler</b>
STREET ADDRESS: <b>4322 NE 22ND AVE.</b>	CITY-ST-ZIP: <b>FT LAUDERDALE, FL 3</b>	3.3 STREET ADDRESS: <b>708 SE 6th St.</b>	3.4 CITY-ST-ZIP: <b>Ft. Lauderdale FL 33301</b>
TITLE: <b>D</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>WEISMAN, WILLIAM</b>	4.1 TITLE: <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	4.2 NAME: <b>James McLaughlin</b>
STREET ADDRESS: <b>7281 SIDINIA CT</b>	CITY-ST-ZIP: <b>BOCA RATON FL</b>	4.3 STREET ADDRESS: <b>10751 NW 16th Ct.</b>	4.4 CITY-ST-ZIP: <b>Plantation FL 33322</b>
TITLE: <b>D</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>STEPHENS, KATIE</b>	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>1001 SE 6TH ST</b>	CITY-ST-ZIP: <b>FT. LAUDERDALE FL</b>	5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>D</b> <input type="checkbox"/> DELETE	NAME: <b>BRITT, DUNCAN</b>	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>10127 N.W. 70TH STREET</b>	CITY-ST-ZIP: <b>TAMARAC FL</b>	6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily 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 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.

SIGNATURE: *Donald Bowden* **Donald L. Bowden/Pres.CEO, Director(954)** 764-8300  
Date

CR2E034 (12/95)