

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

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**Apr 22 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 06/11/1974	3a. Date of Last Report 05/01/1996
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21. Principal Place of Business Suite, Apt #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt #, etc. City & State Zip Country
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4. FEI Number 59-1548423	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BOWDEN, DONALD
424 W. SUNRISE BLVD.
FORT LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	CARRATT, HARRY	
STREET ADDRESS	1334 PONCE DE LEON DR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEONARD, THOMAS A.	
STREET ADDRESS	9300 N.E. 4TH AVE.	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	CARRATT, HARRY	
STREET ADDRESS	4322 NE 22ND AVE.	
CITY-ST-ZIP	FT LAUDERDALE, FL 3	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BOWDEN, DONALD L	
STREET ADDRESS	509 N RIDGEWOOD DR.	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HENSLER, RAYMOND	
STREET ADDRESS	10751 NW 18TH CT.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRITT, DUNCAN	
STREET ADDRESS	10127 N.W. 70TH STREET	
CITY-ST-ZIP	TAMARAC FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CARRATT, HARRY	
1.3 STREET ADDRESS	4322 NE 22nd Avenue	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
2.1 TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Raymond Hensler	
2.3 STREET ADDRESS	708 SE 6th Street	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	McLaughlin, James	
3.3 STREET ADDRESS	10751 NW 16th Court	
3.4 CITY-ST-ZIP	Plantation, FL 33322	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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: *[Signature]* **D L BOWDEN** Date: **4-16-97** Daytime Phone #: **954-764-8300**

CR2E034 (9/96)