

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

①

0002000

PROFIT CORPORATION ANNUAL REPORT 1998



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

98 OCT -7 PM 12:44

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/11/1974	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1548423	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input 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	
B1	Name				
B2	Street Address (P.O. Box Number is Not Acceptable)				
B3					
B4	City	FL	B5	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRATT, HARRY	1.2 NAME	
STREET ADDRESS	4322 NE 22ND AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENSLER, RAYMOND	2.2 NAME	
STREET ADDRESS	708 SE 6TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRATT, HARRY	3.2 NAME	
STREET ADDRESS	4322 NE 22ND AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 3	3.4 CITY-ST-ZIP	
TITLE	DP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWDEN, DONALD L	4.2 NAME	
STREET ADDRESS	509 N RIDGEWOOD DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENSLER, RAYMOND	5.2 NAME	
STREET ADDRESS	10761 NW 16TH CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRITT, DUNCAN	6.2 NAME	
STREET ADDRESS	10127 N.W. 70TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	6.4 CITY-ST-ZIP	

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 ****150.00 ****150.00

Handwritten signature/initials

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 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: _____ DATE: **9-22-98** **904-714-8300**

CR2E034 (5/98)



September 22, 1998

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

As per my telephone conversation with one of your representatives, I am promptly sending in the filing fee for Sunniland Bank. Unfortunately, as I advised your representative, our accounting person was hospitalized with a heart attack and while reviewing her folders, we came upon the filing notice. If this has not yet been paid, please find the enclosed check # 0591360. Again, if this has not yet been paid, we appologize and hope that you will excuse this delay and any inconvenience this may cause you. Thank you for your help in this matter.

Sincerely,

Sunniland Bank