

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

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90019 026 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**1999**

**DOCUMENT # 454595**

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

Suite, Apt. #, etc.  26

City & State  27

Zip  25 Country  29

2a. Mailing Address

Suite, Apt. #, etc.  26

City & State  27

Zip  29 Country  30

3. Date Incorporated or Qualified  
**06/11/1974**

4. FEI Number **59-1548423** Applied For  Not Applicable

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 owes the current year Intangible Personal Property Tax.  Yes  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 | 4322 NE 22ND AVE.      |  |
| CITY-ST-ZIP    | FT LAUDERDALE FL       |  |
| TITLE          | DS                     | <input type="checkbox"/> DELETE            |
| NAME           | HENSLER, RAYMOND       |  |
| STREET ADDRESS | 708 SE 6TH ST          |  |
| CITY-ST-ZIP    | FT. LAUDERDALE FL      |  |
| 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 16TH 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             |  |
| TITLE          |                        | <input type="checkbox"/> DELETE            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| ST-ZIP         |                        |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                      |  |
|--------------------|----------------------|--|
| 1.1 TITLE          | DC                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | McLaughlin, James M. |  |
| 1.3 STREET ADDRESS | 10751 NW 16th Ct.    |  |
| 1.4 CITY-ST-ZIP    | Plantation, FL 33322 |  |
| 2.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                      |  |
| 2.3 STREET ADDRESS |                      |  |
| 2.4 CITY-ST-ZIP    |                      |  |
| 3.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                      |  |
| 3.3 STREET ADDRESS |                      |  |
| 3.4 CITY-ST-ZIP    |                      |  |
| 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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)