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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		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
25		29	30

3. Date Incorporated or Qualified 06/11/1974	
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 owes the current year Intangible Personal Property Tax. <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

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

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)