

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90061 019 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # J09152**

1. Corporation Name  
**SUNLAND CONSTRUCTION OF THE PALM BEACHES, INC.**



Principal Place of Business  
**6823 VISTA PARKWAY NORTH  
 ROYAL PALM BEACH FL 33411  
 US**

Mailing Address  
**1120 ROYAL PALM BEACH BLVD.  
 STE. #172  
 ROYAL PALM BEACH FL 33411  
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/11/1986**

4. FEI Number  
**59-2684002**

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

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  
~~YOUNG, FRANK  
 1640 E ROAD  
 LOXAHATCHEE FL 33470~~

10. Name and Address of New Registered Agent  
 81 Name **Cheryl Y. Perry**  
 82 Street Address (P.O. Box Number is Not Acceptable) **6823 Vista Parkway North**  
 83  
 84 City **West Palm Beach FL** 85 Zip Code **33411**

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 *Cheryl Y. Perry* **Cheryl Y. Perry** DATE **1/14/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	YOUNG, FRANK	
STREET ADDRESS	<del>1640 E ROAD</del>	
CITY-ST-ZIP	<del>LOXAHATCHEE FL</del>	
TITLE	<del>DVT</del>	<input checked="" type="checkbox"/> DELETE
NAME	HEINE, CHRIS	
STREET ADDRESS	<del>4974 WAVERLYWOOD TERR.</del>	
CITY-ST-ZIP	<del>LAKE WORTH FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>N.T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	<b>6823 Vista Parkway North</b>	
1.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33411</b>	
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: *Frank E. Young* **Frank E. Young** DATE **1/14/99** DAYTIME PHONE # **561-684-7500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)

12001044