


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

**FILED**

**Feb 12 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000071498 (8)**

1. Corporation Name  
**SUN LAND ACQUISITIONS, INC.**



Principal Place of Business <b>4500 PGA BLVD. SUITE 400 PALM BEACH GARDENS FL 33418</b>	Mailing Address <b>4500 PGA BLVD. SUITE 400 PALM BEACH GARDENS FL 33418-3965</b>
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3. Date Incorporated or Qualified <b>10/14/1993</b>	3a. Date of Last Report <b>03/12/1996</b>
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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	26. FEI Number <b>65-0447667</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>DIVOSTA, OTTO B 4500 PGA BLVD. SUITE 400 PALM BEACH GARDENS FL 33418</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>V/AT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DIVOSTA, OTTO B</b>		1.2 NAME <b>Galui, Judith M.</b>	
STREET ADDRESS <b>4500 PGA BLVD., SUITE 400</b>		1.3 STREET ADDRESS <b>4500 PGA Boulevard, Sute 400</b>	
CITY-ST-ZIP <b>PALM BEACH GARDENS FL 33418</b>		1.4 CITY-ST-ZIP <b>Palm Beach Gardens, FL 33418</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <b>V/AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME <b>Stephanos, Diane L.</b>	
STREET ADDRESS		2.3 STREET ADDRESS <b>4500 PGA Boulevard, Suite 400</b>	
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>Palm Beach Gardens, Florida 33418</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME <b>Floyd, Cathy D.</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>4500 PGA Boulevard, Suite 400</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>Palm Beach Gardens, Florida 33418</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME <b>DiVosta, Guy M.</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>4500 PGA Boulevard, Suite 400</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>Palm Beach Gardens, Florida 33418</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, changed, or on an attachment with an address.

SIGNATURE:  **Otto B. DiVosta** 1/20/97 (561) 627-2112

CR2E034 (9/96)