

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

**FILED**  
**Feb 17 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</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</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/14/1993</b>
4. FEI Number <b>65-0447667</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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

2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip
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9. Name and Address of Current Registered Agent  
**DIVOSTA, OTTO B  
 4500 PGA BLVD.  
 SUITE 400  
 PALM BEACH GARDENS FL 33418**

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

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 below of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>PD</b>	
NAME	<b>DIVOSTA, OTTO B</b>	
STREET ADDRESS	<b>4500 PGA BLVD., SUITE 400</b>	
CITY - ST - ZIP	<b>PALM BEACH GARDENS FL 33418</b>	
TITLE	<b>VAT</b>	
NAME	<b>GALUI, JUDITH M.</b>	
STREET ADDRESS	<b>4500 PGA BLVD, SUITE 400</b>	
CITY - ST - ZIP	<b>PALM BCH GARDENS FL</b>	
TITLE	<b>VAS</b>	
NAME	<b>STEPHANOE, DIANE L.</b>	
STREET ADDRESS	<b>4500 PGA BLVD, SUITE 400</b>	
CITY - ST - ZIP	<b>PALM BCH GARDENS FL</b>	
TITLE	<b>V</b>	
NAME	<b>FLOYD, CATHY D.</b>	
STREET ADDRESS	<b>4500 PGA BLVD, SUITE 400</b>	
CITY - ST - ZIP	<b>PALM BCH GARDENS FL</b>	
TITLE	<b>V</b>	
NAME	<b>DIVOSTA, GUY M.</b>	
STREET ADDRESS	<b>4500 PGA BLVD, SUITE 400</b>	
CITY - ST - ZIP	<b>PALM BCH GARDENS FL</b>	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE			
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, on an attachment with my address.

**SIGNATURE:** *Otto B. DiVosta* **Otto B. DiVosta, as Pres. 2/4/98 (561) 627-2112**

CR2E034 (10/97)