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

29

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 404964

Country

9. Name and Address of Current Registered Agent

25

OBRIEN, MICHAEL 1701 PERCH LN.

SANFORD FL 32771

(9)

SANLANDO REALTY, INC

Zip

24

FILED	
Jun 03 1997 8:00am	l
Secretary of State	

This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

Florida Statutes

Street Address (P.O. Box Number is Not Acceptable)

Yes No

		1 3 1841) 1 1814 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Principal Place of Business	Mailing Address		BIBLI BIBLI BIBLI BIBLI BIBLI BIBLI LOBI
1701 PERCH LANE	1701 PERCH LANE SANFORD FL 32771-9725		
SANFORD FL 32771 US 2. Principal Place of Business 11 Suite, Apt. #, etc.		3. Date Incorporated or Qualified	3a. Date of Last Report
		07/14/1972	06/20/1996
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
n]	26	59-1423180	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be

Country

81

82

83

30

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 agont, 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

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature req	puired when reinstating) DAT(
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2
TITLE	P\$ DELI	IE 11 TITLE	☐ Change ☐ Ai	Addition
AME	O'BRIEN, MICHAEL M	1.2 NAME		
TREET ADDRESS	1701 PERCH LN.	13 STREET ADDRESS		
ATY-ST-ZiP	SANFORD FL	1.4 CITY - ST - 7/P		
ITLE	DELI	TE 21 TITLE	Change A	Addition
IAME		2.2 NAME		
STREET ADDRESS		2 3 STREET ADDRESS		
XITY-ST-ZIP		2 4 CITY-ST - ZIP		
ITLE	□ DELL	TE 31 101LT	☐ Change ☐ A	Addilio
AME		3.2 NAME		
TREET ADDRESS		3.3 STREET ADDRESS		
UY-SI-ZIP		3.4. C/TY- ST- Z/P		
IFE in the second	DELI	TE 4.1 TPLE	☐ Change ☐ Ar	Additio
IAME		4 2 NAME		
TREET ADDRESS		4.3 STREET ADDRESS		
XTY-ST-ZIP		4.4 City-St-Zip		
INLE	□ DELI	TE 51 TOLE	Change A	Addition
IAME		5.2 NAME		
TREET ADDRESS		5.3 STREET ADDRESS		
OTY-ST-ZIP		5.4 CHY+ST+ZIP		
ITLE	DELI	TE 61 TITLE	☐ Change ☐ Ai	Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CNY-S1-ZIP		

4. 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 eath, that I am an officer or director of the corporation or the receiver or trustee employered 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.

Will Dang The

6-21-97 UM-2/U

R2E034 (9/96)