FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 11:41

DOCUMENT # 529150 (5)

1. Corporation Name
SUNLAND INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
SUNLAND INTERNATIONAL, INC 6401 SOUTH TEX PT. P.O. BOX #1699 HOMOSASSA SPRINGS FL 34447-8699	SUNLAND INTERNATIONAL, INC 6401 SOUTH TEX PT. P.O. BOX #1699 HOMOSASSA SPRINGS FL 34447-8699

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/28/1977
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-1727594 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GROTJAHN, HARLEY M.
43 HOLLYHOCK CT
HOMOSASSA 34446

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCV	1.1 TITLE	☐ Change ☐ Addition
NAME	GROTJAHN, HARLEY	1.2 NAME	
STREET ADDRESS	43 HOLLYHOCK CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	☐ Change ☐ Addition
NAME	GROTJAHN, DONNA	2.2 NAME	
STREET ADDRESS	43 HOLLYHOCK CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	GROTJAHN, WILLIAM	3.2 NAME	
STREET ADDRESS	7 GAZANIA CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, BETTY	4.2 NAME	
STREET ADDRESS	541 PELHAM RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ROCHELLE NY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	PIERCE, ELOISE	5.2 NAME	
STREET ADDRESS	2845 WEBSTER AVE SO.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	5.4 CITY-ST-ZIP	
TITLE	VSD	6.1 TITLE	☐ Change ☐ Addition
NAME	GROTJAHN, LISA	6.2 NAME	
STREET ADDRESS	7 GAZANIA CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Donna M. Grotjahn — SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR
Donna M. Grotjahn — Date: 1-11-95 — Daytime Phone #: 904-628-1801

0487121 FP