

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 25 1996 8:00 am
Secretary of State

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

3. Date Incorporated or Qualified
03/28/1977

3a. Date of Last Report
01/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-1727594

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GROTJAHN, HARLEY M.
43 HOLLYHOCK CT
HOMOSASSA 34446

81 Name

William P. Grotjahn

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

7 Gazania Ct.

83

84 City

Homosassa

FL

85 Zip Code

34446

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

William P. Grotjahn

4-22-96

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCV ☒ DELETE
NAME GROTJAHN, HARLEY
STREET ADDRESS 43 HOLLYHOCK CT
CITY-ST-ZIP HOMOSASSA FL

TITLE VTD ☐ DELETE
NAME GROTJAHN, DONNA
STREET ADDRESS 43 HOLLYHOCK CT
CITY-ST-ZIP HOMOSASSA FL

TITLE PD ☐ DELETE
NAME GROTJAHN, WILLIAM
STREET ADDRESS 7 GAZANIA CT
CITY-ST-ZIP HOMOSASSA FL

TITLE D ☐ DELETE
NAME JOHNSON, BETTY
STREET ADDRESS 541 PELHAM RD.
CITY-ST-ZIP NEW ROCHELLE NY

TITLE D ☐ DELETE
NAME PIERCE, ELOISE
STREET ADDRESS 2645 WEBSTER AVE SO.
CITY-ST-ZIP MINNEAPOLIS MN

TITLE VSD ☐ DELETE
NAME GROTJAHN, LISA
STREET ADDRESS 7 GAZANIA CT
CITY-ST-ZIP HOMOSASSA FL

1.1 TITLE ☐ Change ☐ Addition

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 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa G. Grotjahn

4-22-96

(352) 628-1801

Date

Daytime Phone #

CR2E034 (12/95)