| PROI CORPOR ANNUAL F 199 | RATION REPORT | | | 3. Mortham ry of State | | Jan 30 19 Secretar | | |
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| OCUMEI Corporation Name SUNLAND IN | NT # 52915 NTERNATIONAL, INC | | (5) | | | | 2 | |
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| ncipal Place of Bu | | _ | Address | | | , IMEIMI #1168 JIMI# (BIBE LIEMI #3388 # | nden aftillet interentie alle en alle fan alle f | (), a lati 1 66 1 |
| UNLAND INTERNATIONAL INC SUNLAND INTERNATIONAL 401 SOUTH TEX PT. P.O. BOX #1699 P.O. BOX 1699 IOMOSASSA SPRINGS FL 34447 HOMOSASSA SPGS FL 344 | | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | |
| | <u></u> | | | | | 03/28/1977 | | |
| Principal Place of | Business | 2a. Maili 26 | ing Address | | | 4. FEI Number 59-1727594 | | pplied For lot Applicable |
| Suite, Apt. #, etc. | | | e, Apt. #, etc. | | | 5. Certificate of Status Desired | | Additional |
| City & State | | City | & State | | · | 6. Election Campaign Financing | \$5.00 | May Be |
| Zip | Country | 28 Zip | | Country | | Trust Fund Contribution 8. This corporation owes or has p | · · · · · · · · · · · · · · · · · · · | to Fees |
| | 25 Name and Address of Curr | 29 | Agent | 30 | | Personal Property Tax due Jun 10. Name and Address of New Ro | e 30. 🔲 Yes [| No No |
| | IN, WILLIAM P | ent negistereu | Agent | 81 | Name | IU. Manie and Address of New H | egistereo Agein | <u> </u> |
| 7 GAZAN | | | | 82 | Street Addr | ress (P.O. Box Number is Not Accepta | able) | |
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| | SSA FL 34446 | | | 83 | | · · · · · · · · · · · · · · · · · · · | | |
| HOMOSA | SSA FL 34446 | 502 and 607.150 ate of Florida. Su | 08, Florida Statuti | 84 | City named corp | poration submits this statement for the | | Code its registered |
| HOMOSA Pursuant to the p office or register agent. 1 am famil NATURE | SSA FL 34446 provisions of Sections 607.0 ed agent, or both, in the Sta iar with, and accept the obl | agent and title if applic | able. (NOTI | 84 es, the above- authorized by the rida Statutes. | named corp he corporat | poration submits this statement for the ion's board of directors. I hereby acce ed when reinstaing) | PL | ts registered registered |
| HOMOSA Pursuant to the p office or registere agent. 1 am famil NATURE Signature | SSA FL 34446 provisions of Sections 607.0 ed agent, or both, in the Sta jar with, and accept the obl h, typed or printed name of registered OFFICERS A | | able. (NOTI | 84 es, the above- authorized by to orida Statutes. | named corp he corporat | | PL | ts registered registered |
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