

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


FILED

Jan 25, 1999 8:00am  
Secretary of State

01-25-1999 90050 005 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 529150</b>					
1. Corporation Name <b>SUNLAND INTERNATIONAL, INC.</b>					
Principal Place of Business <b>SUNLAND INTERNATIONAL, INC. 6401 SOUTH TEX PT. P.O. BOX #1699 HOMOSASSA SPRINGS FL 34447</b>			Mailing Address <b>SUNLAND INTERNATIONAL INC. P.O. BOX 1699 HOMOSASSA SPGS FL 34447</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/28/1977	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1727594	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>GROTJAHN, WILLIAM P 7 GAZANIA CT. HOMOSASSA FL 34446</b>			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
FL			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	GROTJAHN, DONNA				
STREET ADDRESS	43 HOLLYHOCK CT				
CITY-ST-ZIP	HOMOSASSA FL				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	GROTJAHN, WILLIAM				
STREET ADDRESS	7 GAZANIA CT				
CITY-ST-ZIP	HOMOSASSA FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	JOHNSON, BETTY				
STREET ADDRESS	541 PELHAM RD.				
CITY-ST-ZIP	NEW ROCHELLE NY				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	PIERCE, ELOISE				
STREET ADDRESS	2645 WEBSTER AVE SO.				
CITY-ST-ZIP	MINNEAPOLIS MN				
TITLE	VSTD	<input type="checkbox"/> DELETE			
NAME	GROTJAHN, LISA				
STREET ADDRESS	7 GAZANIA CT				
CITY-ST-ZIP	HOMOSASSA FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM P. GROTJAHN Grotjahn

1-5-99

(352) 628-1801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)