## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

SIGNATURE:

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** 559253 (0) SUN LAND FINANCIAL CORP. Principal Place of Business Mailing Address 450 S.GULFVIEW.#1206 450 S.GULFVIEW.#1206 P.O. BOX 3277 P.O. BOX 3277 CLEARWATER FL 34630 CLEARWATER FL 34630 3a. Date of Last Report 3. Date incorporated or Qualified 02/08/1978 06/14/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 21 26 59-2262107 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199 032 Florida Statutes Yes 🔲 No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FLAVAN, JOHN M Street Address (P.O. Box Number is Not Acceptable) 450 S. GULFVIEW SUITE 1208 82 **CLEARWATER FL 33515** 83 84 Zip Code City 85 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 ()Ale (NO\*) Registered Agent signature required when remainting) Signature, typed or printed name of registerical agent and fille it applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)13. 12 DELETE 11 DRE TITLE CR2E034 MAME FLAVAN, JOHN M 1.2 NAME STREET ADDRESS 450 S. GULFVIEW #1206 1 3 STREET ADDRESS CLEARWATER FL DITY-ST-ZIP 14 CITY - ST - ZIP DE .ETE Change Addition TITLE 21 TIFLE HIGGS, NEAL P. 2.2 NAME NAME 2723 WOLF RIVER CT. 2.3 STREET ADDRESS STREET ADDRESS NAPERVILLE FL CiTY-ST-ZiP 2 4 CHTY - ST - ZIP Change Addition TITLE DE LETE 3 1 TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DECETE \_\_\_\_ Change \_\_\_\_ Addition 41 TIRE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP Change Addition DELETE 5.1 THILE TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition 61101E TITLE 6.2 NAME NAME STREET ADDRESS 6 4 CITY - ST - ZIP 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 each, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

OFFICER OF DIRECTOR

7-12-96 (813)44-3764