FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham 🔒 ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # 619545 Corporation Name SUNNYLAND PRIVATE SCHOOL, INC. Principal Place of Business Mailing Address 2210 PIERCE STREET 2210 PIERCE STREET HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 3. Date Incorporated or Qualified 3a. Date of Last Report 05/02/1979 02/17/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-1911374 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s 199.032, 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HILTON, JAMES T R2 Street is Not Acceptable 2210 PIERCE ST 83 HOLLYWOOD FL 33020 City 84 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 (NOTE: Registered Agent signature required when OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1. 1 TITLE Change ☐ Addition NAME WALKER, ROSHELLE B. 1.2 NAME STREET ADDRESS 1607 TAFT ST. 1.3 STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP 1.4 CITY - \$1 - ZIP TITLE [] DELETE D٧ 2.1 TITLE ☐ Change ■ Addition NAME HILTON, ROSHELLE W. 2.2 NAME STREET ADORESS 202 NE 1 CT 2 3 STREET ADDRESS CITY-ST-ZIP DANIA FL 2 4 CITY - ST - 7IP DELETE TITLE STD 3 1 THEF Change Addition MANNING, LAURIE NAME 3.2 NAME STREET ADDRESS 804 N. GÖLF DR. 3.3 STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP

CITY-ST-ZIP 6.4 CITY - ST - 7IP 14. Ido 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 cortify 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 office or of 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.

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GNING OFFICER OR DIRECTOR

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