

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

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Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name

Korman's Sunset Landing Inc.
5115 Sunset Blvd
Port Richey, FL 34668

Principal Place of Business

Mailing Address

5115 Sunset Blvd
Port Richey, FL 34668

2. Principal Place of Business

2a. Mailing Address

21 *5115 Sunset Blvd*

26 Suite, Apt. #, etc.

22 *Port Richey*

27 City & State

23 *FL*

28 City & State

24 Zip

25 Country

34668

USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

November 20th 1979

4. FEI Number

Applied For

59-1979776

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

10. Name and Address of New Registered Agent

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

John W. Korman

John W. Korman

3-11-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE *PRES* ☒ DELETE
 NAME *LOREN W KORMAN*
 STREET ADDRESS *7845 DAVIS ST.*
 CITY-ST-ZIP *PORT RICHEY, FL 34668*

TITLE *D* ☐ DELETE
 NAME *JOHN W KORMAN*
 STREET ADDRESS *5934 E WYOMING AVE*
 CITY-ST-ZIP *PORT RICHEY, FL 34668*

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE *PRES* ☒ Change ☐ Addition
 1.2 NAME *JOHN W KORMAN*
 1.3 STREET ADDRESS *5934 E WYOMING AVE*
 1.4 CITY-ST-ZIP *NEW PORT RICHEY, FL 34668*

2.1 TITLE *D* ☒ Change ☐ Addition
 2.2 NAME *LOREN W KORMAN*
 2.3 STREET ADDRESS *7845 DAVIS ST.*
 2.4 CITY-ST-ZIP *PORT RICHEY, FL 34668*

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

John W. Korman

John W. Korman

3-11-97

813 849-5023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)