

FILED
Apr 24 1998 8:00am
Secretary of State

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 642462 (6)
1. Corporation Name
KORMAN'S SUNSET LANDING, INC.

Principal Place of Business	Mailing Address
5115 SUNSET BLVD. PORT RICHEY FL 34868	5115 SUNSET BLVD. PORT RICHEY FL 34868

DO NOT WRITE IN THIS SPACE

				3. Date Incorporated or Qualified 10/22/1979			
2. Principal Place of Business			2a. Mailing Address			4. FEI Number	
21			26			59-1979776	
Suite, Apt #, etc.			Suite, Apt #, etc.			Applied For	
22			27			Not Applicable	
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		Country	Zip		Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		25	29		30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KORMAN, JOHN W 5834 E WYOMING AVE NEW PORT RICHEY FL 34652		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
			FL

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORMAN, LOREN W.	1.2 NAME	
STREET ADDRESS	7845 DAVIS	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORMAN, JOHN W.	2.2 NAME	
STREET ADDRESS	5934 E WYOMING AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PT. RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Korman Josephine C	3.2 NAME	
STREET ADDRESS	7845 DAVIS	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY, FL 34668	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: John A. K...

4-20-98 813-849-5092

CR2E034 (10/97)