

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **F93031** (5)

MAY -1 AM 5:02

1. Corporation Name  
**SUNLAND ENTERPRISES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **2385 CAMINO VIDA ROBLE STE 103 CARLSBAD CA 92009**  
Mailing Address: **2385 CAMINO VIDA ROBLE STE 103 CARLSBAD CA 92009**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/03/1982</b>	3a. Date of Last Report <b>08/05/1994</b>
4. FEI Number <b>59-2225627</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 198.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Sub-Applicant	26. State Applicant
22. City & State	27. City & State
24. Zip	29. Zip
25. County	30. County

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>ZYLSTRA, JOHN % MARK CASPER 18860 N.E. 24TH COURT MIAMI FL 33180</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. State	<b>FL</b>
		85. Zip Code	

11. Pursuant to the provisions of Sections 893.04(2), 893.04(3), and 893.04(4) 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 the general filing Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Registered Agent) \_\_\_\_\_ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	<b>S</b>	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZYLSTRA, JOHN</b>	NAME	
STREET ADDRESS	<b>2385 CAMINO VIDA ROBLE #103</b>	STREET ADDRESS	
CITY & STATE	<b>CARLSBAD CA</b>	CITY & STATE	
OFFICER	<b>P</b>	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZWICHOROWSKI, MARK</b>	NAME	
STREET ADDRESS	<b>2385 CAMINO VIDA ROBLE #103</b>	STREET ADDRESS	
CITY & STATE	<b>CARLSBAD CA</b>	CITY & STATE	
OFFICER		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
OFFICER		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
OFFICER		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.01(2)(b) 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 this corporation or the secretary thereof and I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 9B of this filing if changed or on an attached form, only, if additional.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-95 619 431-7707