

**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.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # H36997 (5)
1. Corporation Name

SUN LAND FINANCIAL CORPORATION II



Principal Place of Business Mailing Address
450 S. GULFVIEW. #1206 P.O. BOX 3277 CLEARWATER BEACH FL 34630-5277
450 S. GULFVIEW. #1206 P.O. BOX 3277 CLEARWATER BEACH FL 34630-5277

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1984	3a. Date of Last Report 06/14/1995
21		26		4. FEI Number 59-2476355	Applied For Not Applicable
22. Suite, Apt #, etc.		27. Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent

FLAVAN, JOHN M.
450 S. GULFVIEW BLVD. #1206 #1108
CLEARWATER BEACH FL 34630

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAVAN, JOHN	12 NAME	
STREET ADDRESS	4505 GULFVIEW #1208	13 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER BEACH FL	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGS, NEAL P	22 NAME	
STREET ADDRESS	2723 WOLF RIVER CT	23 STREET ADDRESS	
CITY-ST-ZIP	NAPERVILLE IL	24 CITY-ST-ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John M. Flavan, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-96 (813) 464-3764
DATE DAY-MONTH-YEAR TELEPHONE NUMBER

CR2E034 (3/96)