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FILED

Feb 25 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **H36997** (5)  
1. Corporation Name  
**SUN LAND FINANCIAL CORPORATION II**

Principal Place of Business

450 S. GULFVIEW. #1206  
P.O. BOX 3277  
CLEARWATER BEACH FL 34630-5277

Mailing Address

450 S. GULFVIEW. #1206  
P.O. BOX 3277  
CLEARWATER BEACH FL 34630-5277

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1984

4. FEI Number

59-2476355

Applied For  
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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 g. Name and Address of Current Registered Agent

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

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30 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 M. Flavan*

(NOTE: Registered Agent signature required when reinstating)

2/19/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME FLAVAN, JOHN  
STREET ADDRESS 4505 GULFVIEW #1206  
CITY-ST-ZIP CLEARWATER BEACH FL

TITLE ST  
NAME HIGGS, NEAL P  
STREET ADDRESS 2723 WOLF RIVER CT  
CITY-ST-ZIP NAPERVILLE IL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 M. Flavan*, JOHN M. FLAVAN 2/19/98 (813) 461-3764

CR2E034 (10/97)