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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L38492

1. Corporation Name
SUNNYSIDE OF LAKELAND, INC.

Principal Place of Business
3800 US HWY 98 N
SUITE 706
LAKELAND, FL 33809-3833

Mailing Address
3800 US HWY 98 N
SUITE 706
LAKELAND, FL 33809-3833

3. Date Incorporated or Qualified: 12/20/89

3a. Date of Last Report:

4. FEI Number: 59-2996320

Applied For / Not Applied For

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 paid all fees and taxes due the State of Florida Statutes: [X] Yes

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

JOAN T. STANDLEE
418 CROFTON DRIVE
OCOEE, FL 34761

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 607.0505 and 607.1605, 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: Joan Standlee
Signature of Current Registered Agent or Officer of Corporation

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	[ ] DELETE
NAME	JOAN T. STANDLEE	
STREET ADDRESS	418 CROFTON DRIVE	
CITY, ST, ZIP	OCOEE, FL 34761	
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		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996

TITLE		[ ] DELETE [ ] ADD
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE [ ] ADD
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE [ ] ADD
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE [ ] ADD
NAME		
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CITY, ST, ZIP		
TITLE		[ ] DELETE [ ] ADD
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

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***225.00

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this report meets the requirements of Section 607.0505, Florida Statutes. I further certify that the information indicated on this report or supplemental report filed herein is true and accurate and that my electronic signature shall have the same force and effect as if made under oath; that I am an officer or director of the corporation or the agent of the corporation upon whom this report is made; and that my name appears above, or on an attachment with all other like empowered officers and directors, as filed with the Department of State.

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