FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000025337 (5)**

1. Corporation Name

SUNCOUNTRY PARTNERS, INC.

Principal Place of Business

4476 N. UNIVERSITY DR
LAUDERHILL FL 33351
US

Mailing Address

4476 N. UNIVERSITY DR
LAUDERHILL FL 33351
US

2. Principal Place of Business
21 10020 McNab Rd
Suite, Apt. #, etc.
22
City & State
23 Tamarac FL
Zip 24 33321 Country 25 Broward

2a. Mailing Address
26 10020 McNab Rd
Suite, Apt. #, etc.
27
City & State
28 Tamarac FL
Zip 29 33321 Country 30 Broward

3. Date Incorporated or Qualified: **04/01/1993**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0399767** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KOPPEL, LAWRENCE
8037 BUTTONWOOD CIR
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name: Stuart M. Golant
82 Street Address (P.O. Box Number is Not Acceptable): 10020 McNab Rd
83
84 City: Tamarac FL 85 Zip Code: 33321

11. Pursuant to the provisions of Section 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: Stuart M. Golant 3/26/96
(Signature of Person Accepting Appointment as Registered Agent) (Date)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOPPEL, CLAIRE 8037 BUTTONWOOD CIR TAMARAC FL 33321	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLANT, STUART 4474 N. UNIVERSITY DR LAUDERHILL FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE / 1-2 NAME / 1-3 STREET ADDRESS / 1-4 CITY-ST-ZIP		☐ Change ☐ Addition
2-1 TITLE / 2-2 NAME / 2-3 STREET ADDRESS / 2-4 CITY-ST-ZIP	D Golant, Stuart 10020 McNab Rd Tamarac FL 33321	☒ Change ☐ Addition
3-1 TITLE / 3-2 NAME / 3-3 STREET ADDRESS / 3-4 CITY-ST-ZIP	V Alan Trunback 305 NW 108 Ave Coral Springs FL 33065	☐ Change ☒ Addition
4-1 TITLE / 4-2 NAME / 4-3 STREET ADDRESS / 4-4 CITY-ST-ZIP	P Jeffrey Golant 6351 NW 58 Way Parkland FL 33067	☐ Change ☒ Addition
5-1 TITLE / 5-2 NAME / 5-3 STREET ADDRESS / 5-4 CITY-ST-ZIP	S Linda Morphy 205 Main St Towanda PA 18848	☐ Change ☒ Addition
6-1 TITLE / 6-2 NAME / 6-3 STREET ADDRESS / 6-4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: Stuart M. Golant 3/26/96 954 724 9424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)