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Apr 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

10020 MCNAB RD
TAMARAC FL 33321
US

Mailing Address

10020 MC NAB RD
TAMARAC FL 33321-1815
US

2. Principal Place of Business

21 10020 McNab Rd

Suite, Apt. #, etc.

22

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27

City & State

23 Tamarac FL

Zip

24 33321

Country

25 US

Zip

29

Country

30

9. Name and Address of Current Registered Agent

GOLANT, STUART M
10020 MCNAB RD
TAMARAC FL 33361

3. Date Incorporated or Qualified

04/01/1993

3a. Date of Last Report

04/01/1996

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
GOLANT, STUART
STREET ADDRESS
10020 MCNAB RD
CITY-ST-ZIP
TAMARA FL

TITLE ☐ DELETE

NAME
LAN TRUMBACH
STREET ADDRESS
305 SW 108 AVE
CITY-ST-ZIP
CORAL SPRINGS FL

TITLE ☒ DELETE

NAME
GOLANT, JEFFREY
STREET ADDRESS
6351 NW 58 WAY
CITY-ST-ZIP
PARKLAND FL

TITLE ☒ DELETE

NAME
MURPHY, LINDA
STREET ADDRESS
205 MAIN ST
CITY-ST-ZIP
TOWANDA PA

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/97 9547249424

CR2E034 (9/96)