

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90045 034 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000066257

1. Corporation Name
SUNSET LAKES DEVELOPMENT CORPORATION

Principal Place of Business 2601 S. BAYSHORE DRIVE 9TH FLOOR MIAMI FL 33133-5461	Mailing Address 2601 S. BAYSHORE DRIVE 9TH FLOOR MIAMI FL 33133-5461
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/28/1995	
21		26		4. FEI Number 65-0626807	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GOLDMAN, JOEL K 2601 SOUTH BAYSHORE DRIVE 9TH FLOOR MIAMI FL 33133-5461				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODBURY, KIMBALL D	1.2 NAME	Christian, Cotter
STREET ADDRESS	% 2601 SOUTH BAYSHORE DR. 9TH FLOOR	1.3 STREET ADDRESS	2601 S. Bayshore Drive
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami FL 33133-5461
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFFREY, THOMAS W	2.2 NAME	Ellish, Ronald S
STREET ADDRESS	% 2601 SOUTH BAYSHORE DR. 9TH FLOOR	2.3 STREET ADDRESS	2601 S. Bayshore Drive.
CITY-ST-ZIP	MIAMI FL 33133-5461	2.4 CITY-ST-ZIP	Miami FL 33133-5461
TITLE	VAS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANDLEY, MARCIA H	3.2 NAME	Laguardia, John
STREET ADDRESS	% 2601 SOUTH BAYSHORE DR. 9TH FLOOR	3.3 STREET ADDRESS	2601 S. Bayshore Drive
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami FL 33133-5461
TITLE	VSD <input type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDMAN, JOEL K	4.2 NAME	O'Grady, Kevin
STREET ADDRESS	% 2601 SOUTH BAYSHORE DR. 9TH FLOOR	4.3 STREET ADDRESS	2601 S. Bayshore Drive
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami FL 33133-5461
TITLE	VTD <input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISCHER, JOHN H	5.2 NAME	Corbitt, Ronnie
STREET ADDRESS	% 2601 SOUTH BAYSHORE DR. 9TH FLOOR	5.3 STREET ADDRESS	2601 S. Bayshore Drive
CITY-ST-ZIP	MIAMI FL 33133-5461	5.4 CITY-ST-ZIP	Miami FL 33133-5461
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	V/C/AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUTHERFORD, J. LARRY	6.2 NAME	Cook, Paula
STREET ADDRESS	2601 S. BAYSHORE DRIVE	6.3 STREET ADDRESS	2601 S. Bayshore Drive
CITY-ST-ZIP	MIAMI FL 33133	6.4 CITY-ST-ZIP	Miami FL 33133-5461

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4-9-99 305-859-4000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)