
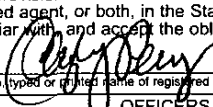


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90061 020 ***150.00


PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000089772			
1. Corporation Name SUNLAND HOMES TRI-COUNTY, INC.			
Principal Place of Business 6823 VISTA PARKWAY NORTH WEST PALM BEACH FL 33411 US		Mailing Address 6823 VISTA PARKWAY NORTH WEST PALM BEACH FL 33411 US	
2. Principal Place of Business 21 Suite, Apt. #, etc.: 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc.: 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent KORNFELD, GARY L 1400 CENTREPARK BLVD. STE 1400 WEST PALM BEACH FL 33401		10. Name and Address of New Registered Agent 81 Name Cheryl Y Perry 82 Street Address (P.O. Box Number is Not Acceptable) 6823 Vista Parkway North 83 84 City West Palm Beach FL 85 Zip Code 33411	
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 agent 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  Cheryl Y Perry 1/14/99 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 DVPS NAME YOUNG, FRANK E STREET ADDRESS 6823 VISTA PARKWAY NORTH CITY-ST-ZIP WEST PALM BEACH FL 33411 TITLE DPT NAME HEINE, CHRIS A STREET ADDRESS 6823 VISTA PARKWAY NORTH CITY-ST-ZIP WEST PALM BEACH FL 33411 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 P.T. 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	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/20/1995	
4. FEI Number 65-0628428	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 RECEIVED: Frank E. Young 1/14/99 1-561-684-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # X212

CR2E034 (11/98)