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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000087641

1. Corporation Name

SUNLAND HOMES REALTY, INC.

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

03-01-1999 90056 010 \*\*\*150.00



]						)  )	
Principal Plac	e of Business	Mailing Address				1111 30111 GOIGI IGIN 16016 V	
6823 VISTA PKWY N 6823 VISTA PKWY N					}		
WEST PALM BEACH FL 33411 WEST PALM BEACH FL 33411					DO NOT WRITE IN THIS SPACE		
(					Do Not With Date Incorporated or Qualifed	IE IN THIS SPACE	
ļ					10/22/1996	•	ļ
<u> </u>		D. Mailing Address			4. FEI Number	_ <del></del>	Applied For
<u> </u>	face of Business	2a. Mailing Address			65-0715106	<u> </u>	Not Applicable
21 Suite Ant	# 510	26   Suite, Apt. #, etc				\$8-7!	Additional
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired		Required
City & Stat		City & State	<del></del>		6. Election Campaign Financing	\$5.0	<b>0</b> May Be
23 28					Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country		8. This corporation owes the curr	ent year Intangible	
24	25	29	30		Personal Property Tax.	Z Yes	□No
27	9. Name and Address of Curre				10. Name and Address of New I	Registered Agent	
			81 Na	me M	enyl Y. Perry		
KORNFELD, GARY L				reet Addres	ss (P.O. Box Number is Not Accept	able)	1.
1400 CENTREPARK-BLVD					23 Vista Park	Way No	rth
	<del>[E-1000</del>		83			0	ļ
-WES	<del>ot palm beach f</del> l. 33401		84 Cit			85 Z	n Code
ļ			84 Cit	y Wes	t Palm Beach		33411
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Florida Statut	es, the above-nar	med corpor	ration submits this statement for the	purpose of changing	its registered
Office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was a	utnonzea av tne t	corporation	is board of directors. I hereby acce	pt the appointment as	registered
	July Herr	110115 61, 4000011 501 100507 110	Che	nal 4	lem	1/14/99	ĺ
SIGNATURE		ent and title if applicable. (NOTE	Registered Agent sign			DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF		
TITLE	स्	ELETE	1.1 TITLE	ł	·	☐ Chang	je ∐Addition
NAME	CHRIS A HEINE		1.2 NAME	ł		•	Ì
STREET ADDRESS	6823 VISTA PARKWAY NORTI	Н	1.3 STREET ADDR	RESS			İ
CITY-ST-ZIP	WEST PALM BCH FL 33411		14 CITY-ST-ZIP				To delilion
TITLE	VP/S	□'DELETE	2.1 TITLE	D,	P,T	Chang	e Addition
NAME	YOUNG, FRANK E		2.2 NAME		•		}
STREET ADDRESS	_6823 VISTA PKWY N		2 3 STREET ADD	RESS.	<del></del>		<del></del>
CITY-ST-ZIP	WEST PALM BEACH FL 3341		2.4 CITY-ST-ZIP				- File Addition
TITLE		☐ DELETE	3.1 TITLE	}		☐ Chang	je 🔯 Addition
NAME			3.2 NAME				ſ
STREET ADDRESS			3.3 STREET ADOR	ress	•		}
CITY-ST-ZIP			3.4. CITY-ST-ZIP			∏ Chanc	re ( Addition
TITLE		☐ DELETE	. 41 TITLE	1		□ cusuí	10 T VOO(110(1)
NAME			4, 2 NAME	4			្រែ
STREET ADDRESS			4.3 STREET ADDR	RESS		•	(
CITY-ST-ZIP		Clocker.	4.4 CITY-ST-ZIP	-+-		☐ Chang	re [ ] Addition
TITLE		☐ DELETE	5.1 TITLE	ļ		. Li Oriani	,
NAME			5.2 NAME	0588	• ,		ļ
STREET ADDRESS			5.3 STREET ADOI	1233	,	•	j
CITY-ST-ZIP		☐ DELETÉ	54 CITY-ST-ZIP 6.1 TITLE	-		Chang	ge Addition
TITLE		☐ DELETE	6.2 NAME			. Li Oliani	,- (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME			6.3 STREET ADD	DESS		•	{
STREET ADDRESS			6.3 STREET AUDI	1.00			}
STREET AUDRESS				Į.			)

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:

SIGNA

RE REQUIRISMLE

X 561-684-7500