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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S11176 1. Corporation Name

SANLANDO LAND, INC.

FILED
Feb 22, 1999 8:00 am
Secretary of State
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02-22-1999 90021 009 ***158.75



2100 W SR 434	e of Business	Mailing Address						
2100 W 3h 43	ļ	2100 W SR 434						
SUITE C		SUITE C			DO NOT ME	HTC IN TUIC	CDACE	
LONGWOOD FL 32779			LONGWOOD FL 32779		DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Qualifed)		
					11/05/1990		 	
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number			oplied For
21		26		·	59-3047403			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	2.		5. Certifcate of Status Desired	×	\$8.75	i
22		27						equired
City & State		City & State	City & State		6. Election Campaign Financing	ı Li		May Be
23 28				Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip	Çoi	untry	8. This corporation owes the cu	rrent year Inta	_	55°.
24	25	29	30		Personal Property Tax.		Yes	No
	9. Name and Address of Curre	ent Registered Agent		<u> </u>	10. Name and Address of New	Registered /	Agent	
	SE BOUGH 40 0			81 Name]
	SE, DOUGLAS, S.			82 Street Ad	dress (P.O. Box Number is Not Accep	table)		
	ADAIR AVENUE -			247	dress (P.O. Box Number is Not Accep	4 <u> </u>		
- LO N	GWOOD FL 32750			83				
							os Zin	Code
			•	84 City 4 C	POPKA	FL	85 Zip	Code と ア/ <i>名</i> 」
11 Dursuant	to the provisions of Sections 607.05	502 and 607 1508. Florida 5	Statutes, the a	above-named co	rooration submits this statement for th	e purpose of	changing its	registered
office or a	edictored agent or both in the Stat	e of Florida, Such change v	was authorize	ed by the corpora	ition's board of directors. I hereby account	ept the appoir	ntment as re	gistered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0503	o, Fiorida Sia	lutes.				ļ
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable	(NOTE: Pagistere	xd Agent signature requ	ured when reinstating)	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO O		D DIRECTO	DRS IN 12
TITLE	P	☐ DELE		TITLE			Change	☐ Addition
	MAISE, DOUGLAS S			NAME				
NAME	308 ADAIR AVE.		1.21					1
STREET ADDRESS			400	TREET ACROCCO				I
CITY-ST-ZIP	I LONGHIOOD EL GOZEO		1	STREET ADDRESS				
	LONGWOOD FL 32750	Doric	140	CITY-ST-ZIP			□ Channe	Addition
TITLE	LONGWOOD FL 32750	DELE	14 C	CITY-ST-ZIP		 -	☐ Change	Addition
TITLE NAME	LONGWOOD FL 32750	☐ DELE	14 C	CITY-ST-ZIP			☐ Change	Addition
	LONGWOOD FL 32750	☐ DELE	14 C TE 2.1 T	CITY-ST-ZIP			☐ Change	Addition
NAME	LONGWOOD FL 32750		14 C TE 2.1 T 2.2 N 2.3 S 2.4 U	CITY-ST-ZIP TITLE NAME				
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CITY-ST-ZIP

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 ordan attachment with an address, with all other like empowered.

SIGNATURE: