. FIL₹ NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 S51947 **DOCUMENT #** SANTA SUZANA, INC. Mailing Address Principal Place of Business 6900 S. ORANGE BLOSSOM TRAIL 6900 S. ORANGE BLOSSOM TRAIL **SUITE 432** SHITE 432 ORLANDO FL 32909 ORLANDO FL 32809 3. Date Incorporated or Qualified 3a. Date of Last Report 05/13/1991 02/21/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-3082278 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s 199.032 Florida Statutes Xes \(\bigcap \text{Yes} \quad \bigcap \text{No} \) Z_{i0} Country 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GLENWICK INTERNATIONAL, INC. Street Address (P.O. Box Number is Not Acceptable) 82 6900 S ORANGE BLOSSOM TRL 83 **STE 432** ORLANDO FL 32809 84 City 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. (NOTE: Bispecial Agent sound increasing when religioning Sign et ivoltyped an product having of registered agent a control baggloods CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE Addition 1.17-116 TITLE **BANNWARTH** 1.2 NAME NAME **G**ROUTE DU VIN 1.3 STREET ADDRESS SUBSECT ADDRESS **OBERMORSHWIHR** 14 CITY - ST - ZIP CITY - S1 - ZIP ■ Addition Change ... DELETE 2 1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 24 CITY - ST - ZIP DELETE Change Add-tion 3 1 TIFLE # TITLE 3.2 NAME NAME 3.3 SPREET ADDRESS STREET ADDRESS 3.4 CITY - ST-ZIP CITY - S1 - ZIP Change ☐ Addition DELETE 4 1 TITLE THILE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CHY-51-7 P City-ST-ZIP DELETE TITLE 5 1 TO 15 5.2 NAME N.-MF **300001810063** -05/06/96--01106--012 5.3 STREET ADDRESS STREE* ADDRESS 54 CITY - ST-ZIP CITY - ST - ZIP ***200.00 🔲 DELETÉ 6 1 Till.E TIFLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CHY-ST-201 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or suppliemental 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 13 if changed or the anattachment with an address

SIGNATURE: Laurent BHIVIYN'

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