FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 MAY 10 AM 10:35
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **V05197** **(1)**

1. Corporate Name
SUNLAND INVESTMENTS, INC.

Principal Place of Business: P O BOX 451027 KISSIMMEE FL 34745

Mailing Address: P O BOX 451027 KISSIMMEE FL 34745

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	01/06/1992
3a. Date of Last Report	05/01/1994
4. FEI Number	59-3104777
5. Certificate of Status Desired	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	$5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under S. 199.0 ... Florida Statute	✓ Yes [ ] No

2. Principal Place of Business (21–25):
2a. Mailing Address (26–30):

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SWART, HARRY J. 921 N. MAIN STREET SUITE 203 KISSIMMEE FL 34744	81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 717 E. Oak Street 83 OAK. ST. 84 City: KISSIMMEE FL 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.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	PD	[ ] Change [ ] Addition
NAME	SANKAR, VINCENT	
STREET ADDRESS	P.O. BOX 451027 N/A	
CITY-ST-ZIP	KISSIMMEE FL	

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(1)(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.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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