

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **336302** (5)

1. Corporation Name
SUNSHINE PATTERN & SALES CO



Principal Place of Business: 2373 N.W. 149TH STREET OPA-LOCKA FL 33054
Mailing Address: 2373 N.W. 149TH STREET OPA-LOCKA FL 33054

3. Date Incorporated or Qualified: 10/11/1968
3a. Date of Last Report: 09/28/1995

21	2a	4	5	6	8
Principal Place of Business	Mailing Address	FEI Number	Certificate of Status Desired	Election Campaign Financing Trust Fund Contribution	This corporation has liability for intangible tax under s. 199.032, Florida Statutes
26	27	59-1230438	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For	\$8.75 Additional Fee Required	\$5.00 May Be Added to Fees	
22	23	24	25	26	27
City & State	City & State	Zip	Country	Country	Country
27	28	29	30	31	32
City & State	City & State	Zip	Country	Country	Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ZIDOW, WILLIAM 736 N.E. 126TH STREET NO. MIAMI FL 33161	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P RICHARD C. BERTSCH	1.2 NAME	
STREET ADDRESS	6828 S.W. 13TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST BERNICE M. BERTSCH	2.2 NAME	
STREET ADDRESS	6828 S.W. 13TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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: *Richard C. Bertsch* RICHARD C. BERTSCH 1/22/96 305 681 9721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)