CORPO ANNUA	ROFIT ORATION LL REPORT 996	Sandra E Secreta	RIMENT OF STATE B. Mortham iry of State CORPORATIONS		
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 Corporation N 		IC.			i minte mifter dente dente mente dente jade
SUNSHI	NE INAVEL SERVICE, IIV				
Principal Place of	f Business	Mailing Address			. 4(9): 212: 4(4): 4(4): 4(4): 4(4): 4(4): (44)
3430 US HIGHWAY 19 HOLIDAY FL 34691-1850		3430 US HIGHWAY 19 HOLIDAY FL 34691-185	n		
		MOLIDAT EL 04031-160	-	3. Date Incorporated or Qualified 09/30/1974	3a. Date of Last Report 04/11/1995
2. Principal Plac	ce of Business	2a, Mailing Address		4. FEI Number	Applied For Not Applicable
1		Suite, Apt. #, etc.		59-1559677	\$8.75 Additional
Suite, Apt. #,	, etc.	27			Fee Required \$5.00 May Be
City & State		City & State		Trust Fund Contribution	Added to Fees
Zip	Country	Ζφ	Country	This corporation has liability for int Elorida Statutes Yes	langible tax under s. 199.032, □ No
21p	25 9. Name and Address of Curr	29	30	Florida Statutes Yes 10. Name and Address of New Re	
		•	84 City		
11. Pursuant to or registers	o the provisions of Sections 607.09 ed agent, or both, in the State of F th, and accept the obligations of S	502 and 607.1508, Florida Statu Iorida, Such change was authori section 607.0505, Florida Statute	I I ites, the above-named corporation's booking ited by the corporation's booking.	oration submits this statement for the purp and of directors. Thereby accept the appo	public project of the second s
or registere familiar wit	ed agent, or both, in the State of the high and accept the obligations of S	Section 607.0505, Florida Statute	ites, the above named corporation's bodized by the corporation's bodies.	and the second of the	iose of changing its registered office infinient as registered agent, I am
or registere familiar wit	ed agent, or both, in the State of the high and accept the obligations of S	Section 607,0505, Florida Statute	08. 		iose of changing its registered office infinient as registered agent, I am
or registere familiar wit SIGNATURE	ed agent, or both, in the state of the high and accept the obligations of S	Section 607,0505, Florida Statute	031	and the second of the	iose of changing its registered office infinient as registered agent. I am DATE CERS AND DIRECTORS IN 12
or registers familiar with SIGNATURE 12. TIFLE NAME	ed agent, or both, if the state of the high in the state of State	Section 607,0505, Florida Statute	08. 	and the second of the	iose of changing its registered office infinient as registered agent. I am DATE CERS AND DIRECTORS IN 12
or registers familiar with SIGNATURE. 12. TITLE NAME STREET ADDRESS	ed agent, or both, if the state of the high and accept the obligations of S Signature 5, Led or particle search records or OFFICERS P PROFITA, JAMES 7319 EVESBOROUGH	Section 607,0505, Florida Statute	13. 1 1 MLE 12 NAME	and the second of the	iose of changing its registered office influent as registered agent. I am DATE DERS AND DIRECTORS IN 12 CERS AND DIRECTORS IN 12
or registers familiar with SIGNATURE 12. TITLE NAME	ed agent, or both, if the state of the high in the state of State	Section 607,0505, Florida Statute	13. 1 1 MLF 1 2 NAME 1 3 STREET ADDRESS 1 4 CHY-ST-ZIF 2 1 THE	and the second of the	iose of changing its registered office infinient as registered agent. I am DATE CERS AND DIRECTORS IN 12
or registers familiar with SIGNATURE. 12. 11/LE NAME STREET ADDRESS CITY: ST-ZIP TITLE NAME.	ed agent, or both, if the state of the high and accept the obligations of S Signature 5, Led or particle search records or OFFICERS P PROFITA, JAMES 7319 EVESBOROUGH	Section 637.0505, Fiorida Statute	13. 1 1 MUF 1 2 NAME 2 1 AUT STEEL ADDRESS 1 4 CHY ST ZIF 2 2 NAME	and the second of the	iose of changing its registered office influent as registered agent. I am DATE DERS AND DIRECTORS IN 12 CERS AND DIRECTORS IN 12
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14. I do hereby certify that the information supplied with this fing 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 certify that I am an officer or director of the corporation or the receiver or trusted 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.

6.3 STREET ADORESS

64 CHY - ST - ZIP

SIGNATURE:

STREET ADDRESS

4-26-96 813-849-7575