



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

REGISTRATION  
 ANNUAL REPORT  
 1995



STATE DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

DOCUMENT # **538396** (3)

**NINO'S RESTAURANT, INCORPORATED**

APPROVED  
 07  
 NINO'S RESTAURANT, INCORPORATED

2. Date of Report	2a. Annual Report	3. Date of Last Report	3a. Date of Last Report
21	26	06/30/1977	05/01/1994
22. State of Report	27. State of Report	4. FID Number	Applied Fee (Not Applicable)
23	28	59-1746509	
24	29	5. Number of Shares Owned	\$8.75 Additional Fee Required
	30	6. Election Campaign Financing (Trust Fund Contribution)	\$5.00 May Be Added to Fees
		8. State of Report (Not Applicable) (Not Applicable) (Not Applicable) (Not Applicable)	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ONESTI, JOHN 3728 NORTH TRAIL SARASOTA FL 34234	B1 Name B2 Street Address, P.O. Box Number, and City and State B3 B4 City, State, Zip Code FL B5 Zip Code

11. This report is required by the Florida Statutes, the above named corporation submits, for the purpose of keeping the registered office of the corporation in the state of Florida, the report required by the corporation laws of the state of Florida and the appointment of registered agent. I am hereby certifying that the information furnished is true and correct.

Signature of Registered Agent: \_\_\_\_\_

12. NAME OF OFFICER (1994)	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (1994)
S D SCARPINO, TINA 3728 N TRAIL SARASOTA, FL 00000	D
T D SCARPINO, FRANK 3728 N TRAIL SARASOTA, FL 00000	D
P D ONESTI, JOHN 3728 N TRAIL SARASOTA, FL 00000	D
V D ONESTI, FRANCES 3728 N TRAIL SARASOTA, FL 00000	D

**PLEASE SIGN & DATE**

14. I, the undersigned, being duly qualified to do so, do hereby certify that the information furnished in this report is true and correct and that the same has been prepared and executed in accordance with the laws of the state of Florida.

SIGNATURE: *Tina Scarpino*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APPROVED: *April 10, 95* 813 255 01688



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**APPROVED AND FILED**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
CORPORATION DIVISION  
CORPORATION REPORTS  
CORPORATION REPORTS

08/23/1994 10:32

DOCUMENT # **544653** (9)

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**SUNSHINE CAP COMPANY**

1142 WEST MAIN STREET  
LAKELAND FL 33801

1142 WEST MAIN STREET  
LAKELAND FL 33801

2	2a	3	3b
21	26	08/23/1977	02/08/1994
22	27	4	Applied For / Not Applicable
23	28	59-1815022	
24	29	5	\$8.75 Additional Fee Required
	30	6	\$5.00 May Be Added to Fees
		7	Florida Statutes

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
COKEE, JORDAN 1142 WEST MAIN STREET LAKELAND FL 33801		81	Name
		82	Street Address (P.O. Box Number); Not Applicable
		83	
		84	City
		FL	85 State

11. This report is prepared in accordance with the provisions of Chapter 607, Florida Statutes. The filer certifies that the information furnished in this statement for the purpose of complying with the provisions of the said chapter is true and correct and that the filer is duly qualified to file the same as authorized by the corporation's board of directors. The filer certifies that the appointment of the registered agent is in accordance with the provisions of Chapter 607, Florida Statutes.

12	13
PDS COKEE, JORDAN 16 LOMA VERDE LAKELAND FL D MICHOLS, GENE 1926 GEORGE COURT GLENVIEW IL VPTD COKEE, MATTHEW E 5124 WOODRIDGE COURT ORLANDO FL	VPTD. COKEE, MATTHEW E 5722 OLD SCOTT LAKE RD, LAKELAND, FLA, 33813

14. The filer certifies that the information furnished in this report is true and correct and that the filer is duly qualified to file the same as authorized by the corporation's board of directors. The filer certifies that the appointment of the registered agent is in accordance with the provisions of Chapter 607, Florida Statutes.

SIGNATURE: *Jordan Cokee* JORDAN COKEE President 11/10/95 813 688-8147

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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
JUDICIAL BUILDING  
TALLAHASSEE, FLORIDA 32399-0001

AT 10:00 AM  
MAY 19 1994

DOCUMENT # **545521**

(7)

AGORA ENTERPRISES, INC.

321-21ST STREET  
PO BOX 1837  
VERO BEACH FL 32960

321-21ST STREET  
PO BOX 1837  
VERO BEACH FL 32960

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

21	22	23	24	25	26	27	28	29	30
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3. Date of Incorporation (or Reincorporation)	3a. Date of Last Report
09/19/1977	06/23/1994
4. FEI Number	Annual Fee
59-1794529	\$8.75 Additional Fee Required
5. Certificate of Status Desired	\$5.00 May Be Added to Fees
6. Director Campaign Contribution Fund Total Contribution	
7. Director Campaign Contribution Fund Total Contribution	
8. Director Campaign Contribution Fund Total Contribution	
Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

BRACKINS, A.J.  
321-21ST STREET  
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address, P.O. Box, Apartment, R.F.D., or Post Office
B3	City
B4	State
B5	Zip Code

11. If the corporation is a foreign corporation, the name of the foreign corporation and the state or country of incorporation shall be stated. If the corporation is a Florida corporation, the name of the corporation shall be stated. The name of the corporation shall be stated in the name of the corporation as it appears on the records of the Secretary of State. If the corporation is a Florida corporation, the name of the corporation shall be stated in the name of the corporation as it appears on the records of the Secretary of State. If the corporation is a Florida corporation, the name of the corporation shall be stated in the name of the corporation as it appears on the records of the Secretary of State.

12.	P STAUFER, ALFRED J. 321-21ST ST, BOX 1837 VERO BCH. FL ST STAUFER, VICKI ANN 321-21ST ST, BOX 1837 VERO BCH. FL
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13.	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
14.	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
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28.	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
29.	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
30.	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New

14. I hereby certify that the information supplied with this report is true and correct, and that I am not aware of any information that would cause me to believe that the information is false or misleading. I understand that the information I have provided is subject to audit by the Department of State. If I have provided false or misleading information, I understand that I may be subject to criminal and civil penalties. I understand that the information I have provided is subject to audit by the Department of State. If I have provided false or misleading information, I understand that I may be subject to criminal and civil penalties.

SIGNATURE:

*Al Stauffer*  
AL STAUFER  
NON-TYPED AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Friday, April 22, 1994  
569 9544

