

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -2 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748746 (5)

1. Corporation Name
SUNSHINE CONDOMINIUM APTS., INC.

Principal Place of Business Mailing Address
2829 VAN BUREN STREET 2829 VAN BUREN STREET
HOLLYWOOD FL 33020-4526 HOLLYWOOD FL 33020-4256
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/31/1979 3a. Date of Last Report 06/15/1994
4. FEI Number 59-2010072 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
KULNIS, JOHN J.
2829 VAN BUREN STREET
SUITE 205
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City 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 _____ (NOTE: Registered Agent signature required when nonattesting) DATE _____

12. OFFICERS AND DIRECTORS
TITLE PD
NAME KULNIS, JOHN
STREET ADDRESS 2829 VAN BUREN ST.
CITY- ST- ZIP HOLLYWOOD FL
TITLE VPD
NAME WOODS, DONALD
STREET ADDRESS 2829 VAN BUREN STREET
CITY- ST- ZIP HOLLYWOOD FL
TITLE S
NAME MILLER, EILEEN
STREET ADDRESS 2829 VAN BUREN STREET
CITY- ST- ZIP HOLLYWOOD FL
TITLE ASD
NAME GONZALES, RUFINO
STREET ADDRESS 818 NE 4TH STREET
CITY- ST- ZIP HALLANDALE FL
TITLE T
NAME HAWKINS, HARRIS
STREET ADDRESS 2420 FILLEMORE STREET
CITY- ST- ZIP HOLLYWOOD FL
TITLE D
NAME CROWTHER, DIANE
STREET ADDRESS 2238 MCKINLEY STREET
CITY- ST- ZIP HOLLYWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
2.1 TITLE Change Addition
2.2 NAME 50 CROWTHER, DIANE
2.3 STREET ADDRESS 2829 VAN BUREN ST
2.4 CITY- ST- ZIP Hollywood, FL.
3.1 TITLE Change Addition
3.2 NAME T O HARRIS HAWKINS
3.3 STREET ADDRESS 2420 FILLEMORE ST.
3.4 CITY- ST- ZIP Holly Wood, FL. 33020
4.1 TITLE Change Addition
4.2 NAME D RUFINO GONZALEZ
4.3 STREET ADDRESS 818 NE 4TH ST.
4.4 CITY- ST- ZIP HALLANDALE FL.
5.1 TITLE Change Addition
5.2 NAME D TERENCE BIAD
5.3 STREET ADDRESS 2829 VAN BUREN ST.
5.4 CITY- ST- ZIP Hollywood, FL.
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(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 resolver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harris Hawkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Day/Month/Year)
HARRIS HAWKINS