FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 752785 (6)

1. Corporation Name
SUNNY SHORES SEA CAMP, INC.

Principal Place of Business	Mailing Address
5440 SW 147 CT MIAMI FL 33185	5440 SW 147 CT MIAMI FL 33185

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1980
3a. Date of Last Report: 05/20/1994
4. FEI Number: 59-2029332 ☐ 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 1688 EAGLE CIRCLE	26 1688 EAGLE CIRCLE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 DELRAY BEACH, FL	City & State 28 DELRAY BEACH, FL
Zip 24 33444 Country 25 USA	Zip 29 33444 Country 30 USA

9. Name and Address of Current Registered Agent

MCKEY, ROBERT, JR.,M.D.
4950 LEJUENE ROAD
CORAL GABLES FL 33146

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	1.1 TITLE	PD	☒ Change	☒ Addition
NAME	DUFFY, BUD	1.2 NAME	MUNSEY, DANA		
STREET ADDRESS	11750 SW 16 ST	1.3 STREET ADDRESS	P.O. BOX 570674		
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	MIAMI, FL 33257		
TITLE	ST	2.1 TITLE	ST	☒ Change	☒ Addition
NAME	SMITH, CAMILLE	2.2 NAME	MACCIA-LOOS, GINA		
STREET ADDRESS	5440 SW 147 CT	2.3 STREET ADDRESS	1688 EAGLE CIRCLE		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33444		
TITLE	D	3.1 TITLE	VD	☒ Change	☐ Addition
NAME	GILMORE, DICK	3.2 NAME	McKey, Robert, Jr., M.D.		
STREET ADDRESS	31 SILVER SPRING DR	3.3 STREET ADDRESS	4950 Le Jeune Road		
CITY-ST-ZIP	KEY LARGO FL	3.4 CITY-ST-ZIP	Coral Gables, FL 33146		
TITLE	V	4.1 TITLE	VP	☒ Change	☒ Addition
NAME	BROMBARCH, KAREN	4.2 NAME	Urban, Helen S.		
STREET ADDRESS	8050 SW 92 ND AVE	4.3 STREET ADDRESS	9 CASSIA LANE		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	DEBARY, FL 32713		
TITLE	D	5.1 TITLE	D	☐ Change	☐ Addition
NAME	MICKEY, ROBERT	5.2 NAME	GILMORE, DICK		
STREET ADDRESS	4850 LEJUNE RD	5.3 STREET ADDRESS	31 Silver Springs Drive		
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	Key Largo, FL 33037		
TITLE	V	6.1 TITLE	V	☐ Change	☐ Addition
NAME	DUFFY, EDIE	6.2 NAME	Brombach, Karen		
STREET ADDRESS	1840 SW 124 WAY	6.3 STREET ADDRESS	8050 S.W. 92nd Avenue		
CITY-ST-ZIP	MANOR FL	6.4 CITY-ST-ZIP	Miami, FL 33173		

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/19/95 (305)547-6641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048117