

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G25341 (0)
 1. Corporation Name
SUNSHINE FINANCIAL CORP.



Principal Place of Business 5700 LAKE WORTH RD., #310 SUITE 310 LAKE WORTH FL 33463 US	Mailing Address 5700 LAKE WORTH RD., #310 SUITE 310 LAKE WORTH FL 33463 US
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DO NOT WRITE IN THIS SPACE

21 1926 TENTH AVENUE NORTH Suite, Apt. #, etc. 4TH FLOOR City & State LAKE WORTH, FL Zip 33461	22 4TH FLOOR City & State LAKE WORTH, FL Zip 33461	23 1926 TENTH AVENUE NORTH Suite, Apt. #, etc. 4TH FLOOR City & State LAKE WORTH, FL Zip 33461	24 33461 Country USA	25 USA Country USA	26 1926 TENTH AVENUE NORTH Suite, Apt. #, etc. 4TH FLOOR City & State LAKE WORTH, FL Zip 33461	27 4TH FLOOR City & State LAKE WORTH, FL Zip 33461	28 LAKE WORTH, FL Country USA	29 33461 Country USA	30 USA Country USA
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3. Date Incorporated or Qualified
02/16/1983

4. FEI Number
59-2264156

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

ROGERS, JAMES
5700 LAKE WORTH ROAD
SUITE 310
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1926 TENTH AVENUE NORTH

83 **4TH FLOOR**

84 City
LAKE WORTH

85 Zip Code
FL 33461

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPCE	NAME SOPER, WILLARD B II	1.1 TITLE <input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5700 LAKE WORTH ROAD, SUITE 310	CITY-ST-ZIP LAKE WORTH FL 33463	1.2 NAME	1.2 NAME
TITLE VPS	NAME PARRA, OLGA E	1.3 STREET ADDRESS 5700 LAKE WORTH ROAD, SUITE 310	1.3 STREET ADDRESS 1926 TENTH AVENUE NORTH, 4TH FLOOR
STREET ADDRESS 5700 LAKE WORTH RD STE 310	CITY-ST-ZIP LAKE WORTH FL 33463	1.4 CITY-ST-ZIP LAKE WORTH FL 33463	1.4 CITY-ST-ZIP LAKE WORTH, FL 33461
TITLE VPTS	NAME ROGERS, JAMES M	2.1 TITLE <input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5700 LAKE WORTH RD STE 310	CITY-ST-ZIP LAKE WORTH FL 33463	2.2 NAME	2.2 NAME
TITLE VPAS	NAME WELLINGTON, GRAHAM P	2.3 STREET ADDRESS 5700 LAKE WORTH RD STE 310	2.3 STREET ADDRESS 1926 TENTH AVENUE NORTH, 4TH FLOOR
STREET ADDRESS 5700 LAKE WORTH RD STE. 310	CITY-ST-ZIP LAKE WORTH FL 33463	2.4 CITY-ST-ZIP LAKE WORTH FL 33463	2.4 CITY-ST-ZIP LAKE WORTH, FL 33461
TITLE V	NAME PEREZ, JOSE R	3.1 TITLE <input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5700 LAKE WORTH RD, STE 300	CITY-ST-ZIP LAKE WORTH FL 33463	3.2 NAME	3.2 NAME
TITLE VCAS	NAME SESCO, CAROLYN S	3.3 STREET ADDRESS 5700 LAKE WORTH RD STE 300	3.3 STREET ADDRESS 1926 TENTH AVENUE NORTH, 4TH FLOOR
STREET ADDRESS 5700 LAKE WORTH RD STE 300	CITY-ST-ZIP LAKE WORTH FL 33463	3.4 CITY-ST-ZIP LAKE WORTH FL 33463	3.4 CITY-ST-ZIP LAKE WORTH, FL 33461
TITLE VCAS	NAME SESCO, CAROLYN S	4.1 TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5700 LAKE WORTH RD STE 300	CITY-ST-ZIP LAKE WORTH FL 33463	4.2 NAME	4.2 NAME
TITLE VCAS	NAME SESCO, CAROLYN S	4.3 STREET ADDRESS 5700 LAKE WORTH RD STE 300	4.3 STREET ADDRESS 1926 TENTH AVENUE NORTH, 4TH FLOOR
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TITLE VCAS	NAME SESCO, CAROLYN S	5.1 TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5700 LAKE WORTH RD STE 300	CITY-ST-ZIP LAKE WORTH FL 33463	5.2 NAME	5.2 NAME
TITLE VCAS	NAME SESCO, CAROLYN S	5.3 STREET ADDRESS 5700 LAKE WORTH RD STE 300	5.3 STREET ADDRESS 1926 TENTH AVENUE NORTH, 4TH FLOOR
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TITLE VCAS	NAME SESCO, CAROLYN S	6.1 TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5700 LAKE WORTH RD STE 300	CITY-ST-ZIP LAKE WORTH FL 33463	6.2 NAME	6.2 NAME
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STREET ADDRESS 5700 LAKE WORTH RD STE 300	CITY-ST-ZIP LAKE WORTH FL 33463	6.4 CITY-ST-ZIP LAKE WORTH FL 33463	6.4 CITY-ST-ZIP LAKE WORTH, FL 33461

14. I hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **4/23/98 (561 540-6224)**

CR2E034 (10/97)