

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

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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90028 026 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # G25341

1. Corporation Name
SUNSHINE FINANCIAL CORP.



Principal Place of Business
**1926 10TH AVE N
 4TH FL
 LK WORTH FL 33461
 US**

Mailing Address
**1926 10TH AVE N
 4TH FL
 LK WORTH FL 33461
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

**ROGERS, JAMES
 1926 10TH AVE N
 4TH FL
 LAKE WORTH FL 33461**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPCE	<input checked="" type="checkbox"/> DELETE
NAME	SOPER, WILLARD B II	
STREET ADDRESS	1926 10TH AVE N	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	PARRA, OLGA E	
STREET ADDRESS	1926 10TH AVE N, 4TH FL	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	VPTS	<input type="checkbox"/> DELETE
NAME	ROGERS, JAMES M	
STREET ADDRESS	1926 10TH AVE, N 4TH FL	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	WELLINGTON, GRAHAM P	
STREET ADDRESS	1926 10TJH AVE N, 4TH FL	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	VCAS	<input type="checkbox"/> DELETE
NAME	SESCO, CAROLYN S	
STREET ADDRESS	1926 10TH AVE N, 4TH FL	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE		<input type="checkbox"/> DELETE

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Honora Shapiro
1.3 STREET ADDRESS	1926 Tenth Avenue North, 4th Floor
1.4 CITY-ST-ZIP	Lake Worth, FL 33461
2.1 TITLE	EVP/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	SVP/T/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	EVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Stephen J. Shapiro
4.3 STREET ADDRESS	1926 Tenth Avenue North, 4th Floor
4.4 CITY-ST-ZIP	Lake Worth, FL 33461
5.1 TITLE	SVP/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	D/VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Michael Bernstein
6.3 STREET ADDRESS	1926 Tenth Avenue North, 4th Floor
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, with all other like empowered.

SIGNATURE:

OLGA E. PARRA, Executive Vice President

1/19/99

(561) 540-6224

Date

Daytime Phone #

CR2E034 (1/198)