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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

TITLE NAME

STREET ADDRESS CITY-ST-ZIP M13122

(0)

SUNSHINE INDUSTRIES OF CORAL SPRINGS INC. Principal Place of Business Mailing Address % THOMAS W. WILEY % THOMAS W. WILEY 3693 NW 124 AVENUE 3693 NW 124 AVENUE DO NOT WRITE IN THIS SPACE **CORAL SPRINGS FL 33065** CORAL SPRINGS FL 33065 3. Date Incorporated or Qualified 03/26/1985 4. FEI Number 2. Principal Place of Business Mailing Address Applied For 59-2506775 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Ζιρ This corporation owes or has paid the current year Intangible □ No Yes 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WEINBERG, STEVEN A. **8000 PETERS ROAD** 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION 33324** 83 84 City 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD DELETE Change Addition TITLE 1.1 TITLE THOMAS, WILEY NAME 1.2 NAME 8830 NW 55TH PLAE STREET ADDRESS 1.3 STREET ADDRESS CORAL SPRINGS FL 1.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Channe Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change DELETE ___ Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS **4.3 STREET ADDRESS** 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE

14. Thereby 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.

6.4 CITY-ST-7IP

6.2 NAME 6.3 STREET ADDRESS

20/00

014 516 430

FILED

Mar 03 1998 8:00am

Secretary of State