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PROFIT-CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000086605

1. Corporation Name,

SUNSHINE NOTICES, INC.

	n en							
		Marillan Addana				# 1007/1007 1210 707070 12111 70812 BENEVE BOARD		H
Principal Place		Mailing Address .			.			
1801 CORAL W. S411	AY .	1801 CORAL WAY S411					,	
MIAMI FL 33145		MIAMI FL 33145			DO NOT WRITE IN THIS SPACE			
US	'. ·	US			3. Date Incorporated or Qualifed			
						12/20/1993		
2. Principal Pl	ace of Business	2a. Mailing Address			•	4. FEI Number	, Ap	plied For
21		26		_	65-0460099		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	*\$8.75 A	I	
22		27					Fee Re	
City & State		City & State			_6Election Campaign Financing	\$5.00		
23		28				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	, ,			8. This corporation owes the current year In		CINO
24	25	29 30)			Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent	81	Name		10. Name and Address of New Registered	Agent	
DODDIOUET CUTANNE M				Name		<u> </u>		
RODRIGUEZ, SUZANNE M 3088 S.W. 20TH ST.			82	Street A	Addres	ss (P.O. Box Number is Not Acceptable)	•)
	=			ļ				
MIAN	AI FL 33145		83					
			84	City			85 Zip C	Code
				ــــــــــــــــــــــــــــــــــــــ		<u> </u>		
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	Signature, typed or printed name of registered agent	l and title if applicable. (NOTE: Re		nt signature re	equired v	when reinstating) DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS A	DIRECTO ☐ Change	Addition
TITLE	D	☐ DELETE	1.1 TITLE				□ Change	Addition
NAME	RODRIGUEZ, SUZANNE M							
STREET ADDRESS	3088 S.W. 20TH ST.	1.3		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33145		1.4 CITY- S	T-ZIP				- Addition
TITLE	V	☐ DELETE	2.1 TITLE			·	Change	Addition
NAME	BURDI, TAMMY T.	· ·						
STREET ADDRESS	1,00 112 110111 110115 21		2.3 STREE	TADDRESS				ĺ
CITY-ST-ZIP	MIAMI FL		2. 4 CiTY-ST-ZiP .					C Addition
TITLE	D	_ DELETE	3.1 TITLE	, -	*		Change	Addition
NAME	RODRIGUEZ, JUAN C.		3.2 NAME					Ì
STREET ADDRESS	3088 SW 20TH ST		3.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL		3.4. CITY-	ST-ZIP				D & ddition
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition }
NAME	•		4. 2 NAME					
STREET ADDRESS		!	4.3 STREE	TADDRESS				•
CITY-ST-ZIP	·		4.4 CITY-5	ST-ZIP				- addition
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME	· '		5.2 NAME			•		-
STREET ADDRESS				TADORESS				
CITY-ST-ZIP		F71 ++-	5.4 CITY-5	T-ZIP			— Change	☐ Addition
πιε		☐ DELETE	6.1 TITLE				☐ Change	Addition i
NAME	,		6.2 NAME					
STREET ADDRESS			ľ	TADDRESS				
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP				

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.