

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

FILED
Apr 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 # P97000085877 (3)
 1. Corporation Name
SUNSHINE BAKERY, INC.



Principal Place of Business 4610 UNIVERSITY DRIVE CORAL SPRINGS FL 33073	Mailing Address 5410 LYONS ROAD APT 105 COCONUT CREEK FL 33073
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/03/1997		4. FEI Number 05-0789508	Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 4610 University Dr Suite, Apt. #, etc. 22	26. Mailing Address 26 3566 Coco Lake Drive Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Coral Springs FL City & State	28 Coconut Creek FL City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 33076 Zip 25 us Country	29 33073 Zip 30 us Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MINTON, MICHAEL D DEAN, MEAD & MINTON 1903 S 25TH STREET SUITE 200 FORT PIERCE FL 34947		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85 Zip Code FL	

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 Mife if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATKINS, DERBY H	1.2 NAME	WATKINS, DERBY H
STREET ADDRESS	3232 WELLINGTON ROAD	1.3 STREET ADDRESS	3232 Wellington Rd
CITY-ST-ZIP	ALEXANDRIA VA 22302	1.4 CITY-ST-ZIP	Alexandria VA 22302
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINUZZI, DARLENE A	2.2 NAME	MARTINUZZI, DARLENE
STREET ADDRESS	5410 LYONS ROAD APT 105	2.3 STREET ADDRESS	3566 Coco Lake Drive
CITY-ST-ZIP	COCONUT CREEK FL 33073	2.4 CITY-ST-ZIP	Coconut Creek FL 33073
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISP, CAROLYN	3.2 NAME	CRISP, CAROLYN
STREET ADDRESS	5410 LYONS ROAD APT 105	3.3 STREET ADDRESS	3566 Coco Lake Dr
CITY-ST-ZIP	COCONUT CREEK FL 33073	3.4 CITY-ST-ZIP	Coconut Creek FL 33073
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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.

SIGNATURE: **Carolyn Crisp** 4/6/98 954-202-0919

CR2E034 (10/97)