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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **250454** **(6)**

1. Corporation Name
SUNSHINE KITCHENS INC

Principal Place of Business
16111 N W 13TH AVENUE
MIAMI FL 33169

Mailing Address
16111 N W 13TH AVENUE
MIAMI FL 33169-5711

3. Date Incorporated or Qualified: **08/21/1961**
3a. Date of Last Report: **06/07/1996**

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) | Country (25) | Zip (29) | Country (30)

4. FEI Number: **59-0936301** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
SHAPIRO,NORMAN
1800 N.E. 114TH STREET
APT. 1610
MIAMI FL 33161

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: T	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME: OLDENBURG, CHERIE N		1.2 NAME	
STREET ADDRESS: 14738 BRECKNESS PL		1.3 STREET ADDRESS	
CITY-ST-ZIP: MIAMI LAKES FL		1.4 CITY-ST-ZIP	
TITLE: D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME: SHAPIRO, BARBARA		2.2 NAME	
STREET ADDRESS: 1800 NE 114TH STREET, APT. 1610		2.3 STREET ADDRESS	
CITY-ST-ZIP: MIAMI, FL 00000		2.4 CITY-ST-ZIP	
TITLE: VSD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME: CALLAS, GEORGE		3.2 NAME	
STREET ADDRESS: 3720 N.E. 209TH TERRACE		3.3 STREET ADDRESS	
CITY-ST-ZIP: N MIAMI BCH, FL 00000		3.4 CITY-ST-ZIP	
TITLE: PD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME: SHAPIRO, NORMAN		4.2 NAME	
STREET ADDRESS: 1180 N.E. 114TH STREET, APT. 1610		4.3 STREET ADDRESS	
CITY-ST-ZIP: MIAMI, FL 00000		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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: George L Callas P.D. 2/28/97 305-624-2617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0230681