SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 25 PM 5:10

DOCUMENT # **250454**

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

REINSTATEMENT 99

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/21/1961

2. Principal Place of Business
21

2a. Mailing Address
26

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

Suite, Apt. #, etc
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip 24 Country 25

Zip 29 Country 30

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

400003032644--7
-11/02/99--01074--017
****750.00 ****750.00

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: Treasurer — VICKY GOLDSTEIN HAS SPECIAL ASSISTANT — 10/21/99
Signature, typed or printed name of registered agent and title if applicable (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	P,D	☐ Change ☒ Addition
NAME	OLDENBURG, CHERIE N		1.2 NAME	GENE PONDER	
STREET ADDRESS	14738 BRECKNESS PL		1.3 STREET ADDRESS	16111 NW 13 Ave	
CITY-ST-ZIP	MIAMI LAKES FL		1.4 CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	D	☒ DELETE	2.1 TITLE	V,D	☐ Change ☒ Addition
NAME	SHAPIRO, BARBARA		2.2 NAME	BRIAN SCHWARTZ	
STREET ADDRESS	1800 NE 114TH STREET, APT. 1610		2.3 STREET ADDRESS	16111 NW 13 AVE	
CITY-ST-ZIP	MIAMI, FL 00000		2.4 CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	VSD	☒ DELETE	3.1 TITLE	V,D,	☐ Change ☒ Addition
NAME	CALLAS, GEORGE		3.2 NAME	SAMI MNAYMNEH	
STREET ADDRESS	3720 N.E. 209TH TERRACE		3.3 STREET ADDRESS	16111 NW 13 AVE	
CITY-ST-ZIP	N MIAMI BCH, FL 00000		3.4 CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	PD	☒ DELETE	4.1 TITLE V,P S,T	ROBERT PEARSON	☐ Change ☒ Addition
NAME	SHAPIRO, NORMAN		4.2 NAME	16111 NW 13 AVE	
STREET ADDRESS	1180 N.E. 114TH STREET, APT. 1610		4.3 STREET ADDRESS	MIAMI, FL 33169	
CITY-ST-ZIP	MIAMI, FL 00000		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	V	☐ Change ☒ Addition
NAME			5.2 NAME	LEE MONAHAN	
STREET ADDRESS			5.3 STREET ADDRESS	16111 NW 13 AVE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	MIAMI, FL 33169	
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		

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: Treasurer — 10/21/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)