

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 293044 (4)

1. Corporation Name

SUNSHINE BUILDERS OF TAMPA INC

Principal Place of Business

6025 N DALE MABRY
TAMPA FL 33614

Mailing Address

6025 N DALE MABRY
TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1965

3a. Date of Last Report

01/21/1994

4. FEI Number

59-1100074

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. The corporation has liability for intangible tax under S. 199.032,
Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERNSTEIN, MICHAEL L.
5207 WILCOX RD.
TAMPA FL 33624

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 607.0305 and 607.1506, 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

SIGNATURE

Signature of Registered Agent (Type or Print Name)

Signature of Registered Agent (Type or Print Name)

U.S.A.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	P
NAME	BERNSTEIN, ISIDORE
STREET ADDRESS	15314 INDIAN HEAD DR.
CITY	TAMPA FL
STATE	VST
NAME	BERNSTEIN, MICHAEL
STREET ADDRESS	5207 WILCOX RD.
CITY	TAMPA FL
STATE	
NAME	
STREET ADDRESS	
CITY	
STATE	
NAME	
STREET ADDRESS	
CITY	
STATE	
NAME	
STREET ADDRESS	
CITY	
STATE	

1. NAME		☐ Change ☐ Addition
2. NAME		☐ Change ☐ Addition
3. NAME		☐ Change ☐ Addition
4. NAME		☐ Change ☐ Addition
5. NAME		☐ Change ☐ Addition
6. NAME		☐ Change ☐ Addition
7. NAME		☐ Change ☐ Addition
8. NAME		☐ Change ☐ Addition
9. NAME		☐ Change ☐ Addition
10. NAME		☐ Change ☐ Addition
11. NAME		☐ Change ☐ Addition
12. NAME		☐ Change ☐ Addition
13. NAME		☐ Change ☐ Addition
14. NAME		☐ Change ☐ Addition
15. NAME		☐ Change ☐ Addition
16. NAME		☐ Change ☐ Addition
17. NAME		☐ Change ☐ Addition
18. NAME		☐ Change ☐ Addition
19. NAME		☐ Change ☐ Addition
20. NAME		☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Fla. Stat. 199.032(b)(1), Florida Statutes. I further certify that the information is filed on this annual report of said corporation and is not a duplicate of any other report or statement filed with the Department of State, and as such, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the registered agent or officer empowered to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in Block 14 with an address.

SIGNATURE:

Michael Bernstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael Bernstein

4/29/95
Typed Name