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May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # 293044 (4)

1. Corporation Name
SUNSHINE BUILDERS OF TAMPA, INC.

[redacted]

Principal Place of Business
6025 N DALE MABRY
TAMPA FL 33614

Mailing Address
6025 N DALE MABRY
TAMPA FL 33614-5607

3. Date Incorporated or Qualified: 05/17/1965
3a. Date of Last Report: 05/01/1997

2. Principal Place of Business
21 7910 North Armenia Ave
Suite, Apt. #, etc.
22 Unit B
City & State
23 Tampa, Fla.
Zip 24 33604
Country 25 USA

2a. Mailing Address
26 7910 North Armenia Ave
Suite, Apt. #, etc.
27 Unit B
City & State
28 Tampa, Fl.
Zip 29 33604
Country 30 USA

4. FEI Number: 59-1100074 — Applied For / Not Applicable

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

6. Election Campaign Finance and 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
BERNSTEIN, MICHAEL L.
5207 WILCOX RD.
TAMPA FL 33824

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: [signature] April 27, 1998
(Signature of current or new registered agent, as applicable) (NOTE: Registered Agent Signature required if name is changing) DATE

12 OFFICERS AND DIRECTORS

TITLE	VST	☐ DELETE
NAME	BERNSTEIN, ISIDORE	
STREET ADDRESS	15314 INDIAN HEAD DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	☐ DELETE
NAME	BERNSTEIN, MICHAEL	
STREET ADDRESS	5207 WILCOX RD.	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***150.00

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 is listed as the registered agent on file with the department.

SIGNATURE: [signature] April 27, 1998
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL