FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

3-29-96 B-2837-C

DOCUMENT # **464241** **(9)**

1. Corporation Name

SUNSHINE SERVICE CENTER, INC.

Principal Place of Business	Mailing Address
1601 S. FEDERAL HIGHWAY BOYNTON BEACH FLORIDA 33435	1601 S. FEDERAL HIGHWAY BOYNTON BEACH FLORIDA 33435

3. Date Incorporated or Qualified: **10/29/1974**
3a. Date of Last Report: **02/28/1995**
4. FEI Number: **59-1554690** ☐ 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: [X] Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

BAUKEMA, HENRY
3696 ALADDIN AVE
BOYNTON BEACH FLORIDA 33436

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 607.0504 and 607.1504, 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 of new registered agent, if changing) (Date) (Signature of new registered agent, if changing) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	BAUKEMA, HENRY		2 NAME	
STREET ADDRESS	3696 ALADDIN AVE		3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH. FL		4 CITY-ST-ZIP	
TITLE	TS	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	BAUKEMA, JUDI		6 NAME	
STREET ADDRESS	3696 ALADDIN AVE		7 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH. FL		8 CITY-ST-ZIP	
TITLE	V	☐ DELETE	9 TITLE	☐ Change ☐ Addition
NAME	DE VRIES, STEVE		10 NAME	
STREET ADDRESS	730 OCEAN INLET DR		11 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL		12 CITY-ST-ZIP	
TITLE		☐ DELETE	13 TITLE	☐ Change ☐ Addition
NAME			14 NAME	
STREET ADDRESS			15 STREET ADDRESS	
CITY-ST-ZIP			16 CITY-ST-ZIP	
TITLE		☐ DELETE	17 TITLE	☐ Change ☐ Addition
NAME			18 NAME	
STREET ADDRESS			19 STREET ADDRESS	
CITY-ST-ZIP			20 CITY-ST-ZIP	
TITLE		☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information indicated on this 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 added above.

SIGNATURE: Judi Baukema 3/26/96 407 732-5072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)