SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

465526

(2)

SUNSHINE DODGE, INC.

FILED Jul 23 1998 8:00am Secretary of State

Principal Place of Business			Mailing Address							
840 S. HARBOR CITY BLVD. MELBOURNE FL 32901			840 S. HARBOR CITY BLVD. MELBOURNE FL 32901							
								DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified		
2. Principal P	None of Duni		2a. Mailing Address					11/26/1974 4. FEI Number Applied	<u></u>	
2. Principal P	Place of Busi	ness	26					T APAGE		
Suite, Apt.	# etc		Suite, Apt. #, etc.							
22	. W. O.O.		27					5. Certificate of Status Desired Fee Regular		
City & Stat	te		City & State					Election Campaign Financing \$5.00 May		
23			28					Trust Fund Contribution Added to Fe		
Zip	Zip Country		Zip Coul		untry	,	8. This corporation owes or has paid the current year Intangib	e		
24	25		29 30		30			Personal Property Tax due June 30. Yes No		
	9. Name	and Address of Currer	nt Registe	ered Agent		Ţ.,		10. Name and Address of New Registered Agent		
) STR.	ANGE, JAC	K R				81	Name			
840 S HARBOR CITY BLVD						82	Street Add	ress (P.O. Box Number is Not Acceptable)		
MELBOURNE FL 32901										
•						83				
						84	City	85 Zip Code		
	<u> </u>							FL 55 Exp code		
11. Pursuant	t to the provi	sions of sections 607.050	2 and 607	7.1508, Florida Statut	es, the ab	ove	named corpo	oration submits this statement for the purpose of changing its register ion's board of directors. I hereby accept the appointment as register	ed	
agent. I	am familiar v	vith, and accept the oblig-	ations of,	section 607.0505, FI	orida Sta	tutes	the corporati S.	ion's board or directors. I hereby accept the appointment as register	eu	
SIGNATURE					· .				\	
Signature, typed or printed name of registered agont and title if applicable (N 12. OFFICERS AND DIRECTORS				OTE: Registe		gent signature req	puired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	N 42		
TITLE	PD OFFICERS AND		ID DIREC			TLE				
NAME	JOSEPH, SALIM C		C DECE IC		1.2 N/		C	hairman of the Board 💹 Change 📙	Addition	
STREET ADDRESS 840 \$ HARBOR CITY BLVD			1.3			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				
CITY-ST-ZIP MELBOURNE, FL 00000					1.5 5				}	
TITLE	VD	11161 1 6 00000			140	TVET	710		}	
NAME	JOSEPH, GEORGE C.			Delete	1.4 CI 2.1 Ti			X Change	Addition	
STREET ADDRESS 840 S. HARBOR CITY BLVD.		GEORGE C		DELETE	2.1 Ti	TLE		resident X Change	Addition	
Land Bouldton or				DELETE	2.1 Ti 2.2 N/	TLE AME	P	resident X Change 🗌	Addition	
1	840 S. H	ARBOR CITY BLVD.	<u>7</u>	DELETE	2.1 T(2.2 N/ 2.3 S1	TLE AME TREET	ADDRESS	resident X Change	Addition	
CITY-ST-ZIP TITLE	840 S. H	ARBOR CITY BLVD.			2.1 T(2.2 N/ 2.3 S1	TLE AME TREET	ADDRESS	resident	Addition	
CITY-ST-ZIP	840 S. H. MEUBOUI	Arbor City Blvd. Rne fl		DELETE	2.1 T(2.2 N/ 2.3 S1 2.4 C(TLE AME TREET TY-ST	ADDRESS	resident		
CITY-ST-ZIP TITLE	840 S. H. MEUBOUI VD JOSEPH,	Arbor City Blvd. Rne fl			2.1 T/ 22 N/ 2.3 ST 2.4 Cl 3.1 T/ 3.2 N/	TLE AME TREET TY-ST TLE AME	ADDRESS	resident		
CITY-ST-ZIP TITLE NAME	840 S. H. MEUBOUI VD JOSEPH,	ARBOR CITY BLVD. RNE FL MARY M ARBOR CITY BLVD			2.1 T/ 22 N/ 2.3 S1 2.4 C/ 3.1 T/ 3.2 N/ 3.3 S1	TLE AME TREET TY-ST TLE AME	ADDRESS -ZIP	resident		
CITY-ST-ZIP TITLE NAME STREET ADDRESS	840 S. H. MELBOUI VD JOSEPH, 840 S. H.	ARBOR CITY BLVD. RNE FL MARY M ARBOR CITY BLVD			2.1 T/ 22 N/ 2.3 S1 2.4 C/ 3.1 T/ 3.2 N/ 3.3 S1	TLE AME TREET TLE AME TREET TREET	ADDRESS -ZIP	Change		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	840 S. H. MEUBOUI VD JOSEPH, 840 S. H. MEUBOUI S	ARBOR CITY BLVD. RNE FL MARY M ARBOR CITY BLVD		DELETE	2.1 T/ 22 N/ 2.3 ST 2.4 C/ 3.1 T/ 3.2 N/ 3.3 ST 3.4 C/	TLE AME TY-ST TLE AME TREET TY-ST	ADDRESS -ZIP	Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	840 S. H. MELBOUI VD JOSEPH, 840 S. H. MELBOUI S STRANGE	ARBOR CITY BLVD. RNE FL MARY M ARBOR CITY BLVD RNE FL		DELETE	2.1 Ti 22 N/ 2.3 S1 2.4 Ci 3.1 Th 3.2 N/ 3.3 S1 3.4 Ci 4.1 Ti 4.2 N/	TLE AME TREET TLE AME TREET TLE TY-ST TLE AME	ADDRESS -ZIP	Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	840 S. H. MELBOUI VD JOSEPH, 840 S. H. MELBOUI S STRANGE	ARBOR CITY BLVD. RNE FL MARY M ARBOR CITY BLVD RNE FL JACK R ARBOR CITY BLVD		DELETE	2.1 TI 22 N/ 23 SI 24 CI 3.1 TH 3.2 N/ 33 SI 34 CI 4.1 TI 4.2 N/ 4.3 SI	TLE AME TREET TLE AME TREET TLE TY-ST TLE AME	ADDRESS -ZIP ADDRESS -ZIP ADDRESS	Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	840 S. H. MELBOUI VD JOSEPH, 840 S. H. MELBOUI S STRANGE 840 S. HA	ARBOR CITY BLVD. RNE FL MARY M ARBOR CITY BLVD RNE FL JACK R ARBOR CITY BLVD		DELETE	2.1 TI 22 N/ 23 SI 24 CI 3.1 TH 3.2 N/ 33 SI 34 CI 4.1 TI 4.2 N/ 4.3 SI	TLE TREET TY-ST TLE AME TREET TY-ST TLE AME TREET TY-ST TLE TREET TREET	ADDRESS -ZIP ADDRESS -ZIP ADDRESS	Change Change	Addition	
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CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	840 S. H. MELBOUI VD JOSEPH, 840 S. H. MELBOUI S STRANGE 840 S. HA	ARBOR CITY BLVD. RNE FL MARY M ARBOR CITY BLVD RNE FL JACK R ARBOR CITY BLVD		☐ DELETE	2.1 TI 22 N/ 23 S1 24 CI 3.1 TI 3.2 N/ 3.3 S1 3.4 CI 4.1 TI 4.2 N/ 4.3 ST 4.4 CI 5.1 TI 5.2 N/	TLE AME TREET TLE AME TREET TLE TREET TLE AME TREET TLE TREET TLE TTY-ST TLE	ADDRESS -ZIP ADDRESS -ZIP ADDRESS	Change Change	Addition Addition	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	840 S. H. MELBOUI VD JOSEPH, 840 S. H. MELBOUI S STRANGE 840 S. HA	ARBOR CITY BLVD. RNE FL MARY M ARBOR CITY BLVD RNE FL JACK R ARBOR CITY BLVD		☐ DELETE	2.1 TI 22 N/ 23 S1 24 CI 3.1 TH 3.2 N/ 3.3 S1 4.1 TI 4.2 N/ 4.3 ST 4.4 CI 5.1 TI 5.2 N/ 5.3 ST	TLE AME TREET TY-ST TLE TY-ST TLE TY-ST TLE TY-ST TLE TY-ST TY-ST TLE TY-ST TLE TY-ST TLE TY-ST TLE TY-ST TY-ST TLE TY-ST	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	Change Change Change Change	Addition Addition	
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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 any lial upont 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 of 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 or a ged, or on an attagrament with an address.

01011ATHDE

Jack R. Strange, Secy

7/17/98 (407) 724-661

(06/C) #C037