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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 17 PM 11:06

DOCUMENT # **599100** **(5)**

1. Corporation Name
SUNSHINE SECRETARIAL SERVICES, INC.

Principal Place of Business	Mailing Address
2400 N UNIVERSITY DR #208 #405 PEMBROKE PINES FL 33024 US	2400 N UNIVERSITY DR #208 #405 PEMBROKE PINES FL 33024 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1979
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business
21 9900 Stirling Rd.
Suite, Apt. #, etc.
22 210
City & State
23 COOPER CITY FL
Zip 24 33024 County 25 BROWARD

2a. Mailing Address
26 9900 Stirling Rd.
Suite, Apt. #, etc.
27 210
City & State
28 COOPER CITY FL
Zip 29 33024 Country 30 BROWARD

4. FEI Number: 59-1871786 ☐ 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 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GROSHOLZ, MYRNA E.
3503 LINCOLN WAY
COOPER CITY, F 33026

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	GROSHOLZ, MYRNA E.	12 NAME	
STREET ADDRESS	2400 N UNIVERSTIY DR	13 STREET ADDRESS	9900 Stirling Rd #210
CITY-ST-ZIP	PEMBROKE PINES FL	14 CITY-ST-ZIP	COOPER CITY FL 33024
TITLE	DV	21 TITLE	☒ Change ☐ Addition
NAME	GROSHOLZ, RAYMOND W. SR	22 NAME	
STREET ADDRESS	3503 LINCOLN WAY	23 STREET ADDRESS	9900 Stirling Rd. #210
CITY-ST-ZIP	COOPER CITY FL	24 CITY-ST-ZIP	COOPER CITY FL 33024
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addition.

SIGNATURE: Myrna E. Grosholz MYRNA E. GROSHOLZ 4/8/95 (305) 435-9300
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

CP