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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90036 012 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752785

1. Corporation Name
SUNNY SHORES SEA CAMP, INC.

Principal Place of Business 18142 SW 97 AVENUE MIAMI FL 33157 US	Mailing Address 18142 SW 97 AVENUE MIAMI FL 33157 US
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2. Principal Place of Business 21 100 West Cypress Creek Road Suite, Apt. #, etc. 22 700 City & State 23 FORT LAUDERDALE, FLORIDA Zip Country 24 33309 25 USA	2a. Mailing Address 26 100 West Cypress Creek Road Suite, Apt. #, etc. 27 700 City & State 28 FORT LAUDERDALE FLORIDA Zip Country 29 33309 30 USA	3. Date Incorporated or Qualified 06/04/1980
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4. FEI Number 59-2029332	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> - \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent MCKEY, ROBERT, JR., M.D. 4950 LEJUENE ROAD CORAL GABLES FL 33146	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
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MUNSEY, DANA PO BOX 570674 N/A MIAMI FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD DANA MUNSEY P.O. Box 570674 Miami FLORIDA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOCCIA-LOOS, GINA 688 EAGLE CIRCLE DELRAY BEACH FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D GINA M. MOCCIA-LOOS 4299 FOX TRACE Boynton Beach FL 33436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKEY, ROBERT J. M.D. 4950 LEJEUNE RD CORAL GABLES FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D MCKEY, Robert J., M.D. 4950 LEJEUNE ROAD Coral Gables, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOOS, ED 688 EAGLE CIRCLE DELRAY BEACH FL 33175 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	V/P/D EDMUND O. LOOS III 4299 Fox Trace Boynton Beach FL 33436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	JD KAREN Brombach 12525 79 Street FOLLSMEAD FL 32948 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edmund O. Loos III Vice President Date: 3/7/99 (95) 491-1120
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)