


FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 767712			
1. Corporation Name <b>SUNSHINE STATE CLASSICS, INC.</b>			
Principal Place of Business		Mailing Address	
<b>BOX 560146</b> <b>ORLANDO, FL 32856-0146</b>		<b>BOX 560146</b> <b>ORLANDO FL 32856-0146</b>	
2. Principal Place of Business		2a. Mailing Address	
21 <b>BOX 560146</b>		26 <b>BOX 560146</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23 <b>ORLANDO FL</b>		28 <b>ORLAND FL</b>	
Zip		Zip	
24 <b>328560146</b>		29 <b>328560146</b>	
Country		Country	
25 <b>USA</b>		30 <b>USA</b>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>PAUGH, WILLIAM W.</b> <b>1505 CARDINAL ST.</b> <b>LONGWOOD, FL 32750</b>		<b>REICHE, CARLE.</b> <b>5301 SO. HWY 17-92</b> <b>CASSELBERRY FL 32707</b>	
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 <b>Carl E. Reiche</b>		TREASURER <b>APRIL 10 1997</b>	
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b> <input checked="" type="checkbox"/> DELETE NAME <b>DOUCETTE, DAVE</b> STREET ADDRESS <b>33107 LAKE BEND CIR.</b> CITY-ST-ZIP <b>LEESBURG FL 34788</b>		1.1 TITLE <b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <b>PALMER, THOMAS</b> 1.3 STREET ADDRESS <b>309 BENTWAY LANE</b> 1.4 CITY-ST-ZIP <b>LAKE MARY FL 32746</b>	
TITLE <b>VD</b> <input checked="" type="checkbox"/> DELETE NAME <b>CHASE, BRADLEY</b> STREET ADDRESS <b>120 N. SPRING LAKE DR.</b> CITY-ST-ZIP <b>AUTAMONT SPRGS FL 32701</b>		2.1 TITLE <b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME <b>ELLIS, JERRY</b> 2.3 STREET ADDRESS <b>703 FOX VALLEY DR</b> 2.4 CITY-ST-ZIP <b>LONGWOOD FL 32771</b>	
TITLE <b>SD</b> <input checked="" type="checkbox"/> DELETE NAME <b>WILL, DARYL</b> STREET ADDRESS <b>359 TIMBERWOOD TRAIL</b> CITY-ST-ZIP <b>ONIEDO, FL 32768</b>		3.1 TITLE <b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME <b>DUNKIN, LEE</b> 3.3 STREET ADDRESS <b>1504 OVERLAKE AVE</b> 3.4 CITY-ST-ZIP <b>ORLANDO FL 32806</b>	
TITLE <b>TD</b> <input checked="" type="checkbox"/> DELETE NAME <b>PAUGH, WILLIAM W.</b> STREET ADDRESS <b>1505 CARDINAL ST.</b> CITY-ST-ZIP <b>LONGWOOD FL 32750</b>		4.1 TITLE <b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME <b>REICHE, CARL</b> 4.3 STREET ADDRESS <b>5301 SO. HWY 17-92</b> 4.4 CITY-ST-ZIP <b>CASSELBERRY, FL 32707</b>	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.		<b>000002197110</b> <b>-06/02/97--01016--006</b> <b>***61.25</b>	
SIGNATURE: <b>Carl E. Reiche</b>		<b>APRIL 10 1997</b> (407) 332-1792 Date Daytime Phone #	

CR2E037 (9/96)