

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 814290 (3)
1. Corporation Name
SUNSHINE STATE CARNATIONS INC

Principal Place of Business Mailing Address
P. O. BOX 573 P. O. BOX 573
S.E. GOMEZ AVE. S.E. GOMEZ AVE.
HOBE SOUND FL 33475 HOBE SOUND FL 33475



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/17/1960	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0852174	
24 Country		29 Country		Applied For	
				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	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRARY, EVANS, JR.
555 COLORADO AVE., STE 1
STUART FL 34994

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NISSEN, OLE	1.2 NAME	
STREET ADDRESS	855 TURTLE BEACH ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL	1.4 CITY-ST-ZIP	North Palm Beach, FL 33408
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NISSEN, ELEANOR	2.2 NAME	
STREET ADDRESS	855 TURTLE BEACH ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL	2.4 CITY-ST-ZIP	North Palm Beach, FL 33408
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NISSEN, KAREN	3.2 NAME	
STREET ADDRESS	308-D S. GOMEZ AVE.	3.3 STREET ADDRESS	200 Hampton Place
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Jupiter, FL 33458
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NISSEN, PETER	4.2 NAME	
STREET ADDRESS	3342 SW VILLA PL	4.3 STREET ADDRESS	19562 Trails End
CITY-ST-ZIP	PALM CITY FL	4.4 CITY-ST-ZIP	Jupiter, FL 33548
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NISSEN, ERIK	5.2 NAME	
STREET ADDRESS	18890 GUMBO LIMBO CT	5.3 STREET ADDRESS	Nissen, Eric
CITY-ST-ZIP	JUPITER FL	5.4 CITY-ST-ZIP	Jupiter, FL 33458
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE

[Handwritten signatures and dates]
4/22-98 571-524-3000

CR2E034 (10/97)