

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90067 033 \*\*\*150.00

DOCUMENT # 814290

1. Corporation Name  
SUNSHINE STATE CARNATIONS INC

Principal Place of Business

P. O. BOX 573  
S.E. GOMEZ AVE.  
HOBE SOUND FL 33475

Mailing Address

P. O. BOX 573  
S.E. GOMEZ AVE.  
HOBE SOUND FL 33475

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1960

4. FEI Number

59-0852174

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 owes the current year intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE  
NAME NISSEN, OLE  
STREET ADDRESS 855 TURTLE BEACH ROAD  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE D ☐ DELETE  
NAME NISSEN, ELEANOR  
STREET ADDRESS 855 TURTLE BEACH ROAD  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE T ☐ DELETE  
NAME NISSEN, KAREN  
STREET ADDRESS 200 HAMPTON PL  
CITY-ST-ZIP JUPITER FL 33458

TITLE VP ☐ DELETE  
NAME NISSEN, PETER  
STREET ADDRESS 19562 TRAILS END  
CITY-ST-ZIP JUPITER FL 33548

TITLE VP ☐ DELETE  
NAME NISSEN, ERIC  
STREET ADDRESS 18890 GUMBO LIMBO CT  
CITY-ST-ZIP JUPITER FL 33458

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14-99

561-546-3000

CR2E034 (11/98)