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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F25862

(6)

SUNSHINE BUILDING MAINTENANCE, INC.

00/10/111					A MERUKAT DIKA KIRAN ANNA MANJA BAHAR ANDAR ANDAR ANDAR ANDAR ANDAR ANDAR ANDAR ANDAR ANDAR
Principal Place	of Business	Mailing Address	Mailing Address		
C/O RENE BARRIOS 4447 PARK BREEZE CT. ORLANDO FL 32808		C/O RENE BARRIOS 4447 PARK BREEZE CT. ORLANDO FL 32808-1043			
US		US			3. Date Incorporated or Qualified 3a. Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address		03/18/1981 02/19/1996 4. FEI Number Applied For
21		26	26		59-2081409 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		[28]			Trust Fund Contribution Added to Fees
Zφ	Country	Zip	Gour	ntry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No
24	25 9. Name and Address of Curre	29 ent Registered Agent	30]		10. Name and Address of New Registered Agent
RAR	RIOS, RENE			81 Name	
4451 PARK BREEZE CT.			}	82 Street Ac	ddress (P.O. Box Number is Not Acceptable)
	NDO FL 32808		4447		PARK BREEZE COURT
				83	
				84 City	85 Zip Code
11 Pureusol t	a the provisions of Sections 607.05	.02 and 607 1509, Florida Sta	tutor the at	ORLA	NDO FL 32808
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.					
J	n tamiliar with, and accept the oblig	gations of, Section 607.0505,	riorida Stati	utes.	
SIGNATURE	Signature typno or printed harve of registered ag	yert and tire if sopheable (N	OTE: Registered	Agent signature re-	quired when reinstaling) DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THILE	P/D	☐ DELETE	1.1711		Change Addition
NAME	BARRIOS, RENE		1.2 NA		
STREET ADDRESS	4532 PAGEANT WAY ORLANDO FL 32808		1	REET ADDRESS	2775 MARSH WREN CIRCLE
CITY - ST - ZIP TITLE	VP	DELETE	1.4 UI	Y-ST-ZIP	LONGWOOD, FLORIDA 32779
NAME	SCROGGINS, ROD		2.2 NA	i	· · · · · · · · · · · · · · · · · · ·
STHEET ADDRESS	4447 PARK BREEZE CT.		h	REET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32808		1	TY-ST-ZIP	
TIFLE	T	DELETE	3.1 717	LE	☐ Change ☐ Addition
NAME	BARRIOS, IVETTE		3.2 NA	IME	
STREET ADDRESS	4532 PAGEANT WAY		3.3 \$T	REET ADDRESS	2775 MARSH WREN CIRCLE
CITY - ST - ZIP	ORLANDO FL 32808	T onest		TY-ST-ZIP	LONGWOOD, FLORIDA 32779
TITLE		☐ DELETE	4.1 (1)	1	Change Addition
NAME STREET ADDRESS			4.2 N	ame Reft address	
				IY-ST-ZIP	
CITY-ST-ZIP TITLE		DELETE	5.1 TI		Change Addition
NAME			5.2 NA	1	
STREFT ADDRESS				REET ADDRESS	
CiTY-ST-7IP			5.4 CF	TY-ST-ZIP	
THTLE		DELETE	6.1 Tr	LE	Change Addition
NAME			6.2 NA	IME	
STREET ADDRESS			6.3 ST	REET ADDRESS	
CITY-ST-7IP	and for that the information and	and with thin fit as also as as-*		TY-ST-ZIP	tool in Continue 110 07/2V/i) Floring Statutes 14 with a contile that the
14. Ldo 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 of this state empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attribution with an address.					

SIGNATURE:



01-29-97

(407) 299-2110

FILED

Feb 04 1997 8:00am

Secretary of State

Daytime Phone #