SECONI	D NOTICE: CORPORATION WILL BE DISSOLVED O	N OR AFTER AL	GHST 7 1996	
AMOUNT DU	E ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMU	M AMOUNT DUE T ORIDA DEPARTM	O REINSTATE: \$37	75.)
	RPORATION (A)	Sandra B. M	lorthage	
ANN	UAL REPORT	Secretary o DIVISION OF COF	FOR STATE	FILED
DOCUMENT # F 29758				96.007.21.44.0.00
				96 OCT 21 AM 9: 39
Sunshine General Contractor, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address				
801 N	1. Venetian Dr. suit			
Miami, FL. 33139-1007				
111HM1,16: 23137-7007				3. Date Incorporated or Qualified 3a. Date of Last Report 7-30-46
2. Principal Place of Business 1048 2a. Mailing Address			4 - 29 - 81 7 - 36 - 96 4. FEI Number Applied For	
21 301 N. Veveti i IV DR 26 Suite, Apt. #, etc. Suite, Apt. #, etc.				59-001340 Not Applicable
				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & Stal	City & S	State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country Zin		Country	B. This corporation has liability for intangible tax under s. 199.032.
24 33)	9. Name and Address of Current Registered Ag	30 ent	<u> </u>	Florida Statutes Yes No 10. Name and Address of New Registered Agent
Robert D. Monroe SAME				
801 N. Venetian Dr Suite 1008 82 Street Address (P.O. Box Number is Not Acceptable)				
Min Plant DR Suite 1008 B3				
Minmi, FL . 38/39-1007 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				
System and according to surgations of Section to 7.0005, in folia platities.				
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Reg	pistered Agent signature	required when feinstaling) DATE
12.	MANUEL E, BLANCO	DELETE	13. 11THLE P.S.T	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
		`	1.2 NAME	I NODERU LI MONROE
STREET ADDRESS CITY-ST-ZIP	801 N. VENETIEN DR HOT	1008		BOIN. VENETIAN DR. Suite 1008
TITLE	Minmi, FL. 33139-1007	D.D. C.Y.C.	1.4 CITY-ST-ZIP 2.1 TITLE	Min m i FL. 33139-1007
NAME CTOTET ADDOCCO			2.2 NAME	Robert D Morrice Change Change
STREET ADDRESS CITY-ST-ZIP			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	#5 #bove
TITLE	L	DELETE	31 TITLE .	800001986 6 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
NAME STREET ADDRESS			3.3 STREET ADORESS	-10/25/9601103016 *****61.25 *****61.25
CITY-ST-ZIP			3.4. CITY-ST-ZIP	**************************************
NAME	L		4.1 TITLE 4.2 NAME	Change Addition
STREET ADDRESS			4.3 STREET ADDRESS	
CITY+ST-ZIP TITLE		A CA CAC	4.4 CITY - ST - ZIP	
NAME	L		5.1 TITLE 5.2 Name	Change [_] Addition
STREET ADDRESS			5.3 STREET ADDRESS	DD 100
CITY-ST-ZIP TITLE			5.4 CITY - ST - ZIP 6.1 TITLE	Change Addition
NAME	_	'	62 NAME	TOY MORE IN MORE IN
STREET ADDRESS CITY-ST-ZIP			6 3 STREET ADDRESS	
14. I do hereb	by certify that the information supplied with this filing is	voluntarily furnishe	6.4 CITY-ST-ZiP ed and does not c	qualify for the exemption stated in Section 119.07(3)(k), 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.				
(a) (To Robert D. Mankoo				
SIGNATURE: 9-28-96 (305)358-0494				