

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

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G25341** (0)  
1. Corporation Name  
**SUNSHINE FINANCIAL CORP.**



Principal Place of Business <b>5700 LAKE WORTH RD., #310 SUITE 310 LAKE WORTH FL 33463 US</b>	Mailing Address <b>5700 LAKE WORTH RD., #310 SUITE 310 LAKE WORTH FL 33463 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1926 TENTH AVENUE NORTH</b> Suite, Apt. #, etc. 22 <b>4TH FLOOR</b> City & State 23 <b>LAKE WORTH, FL</b> Zip 24 <b>33461</b>		2a. Mailing Address 26 <b>1926 TENTH AVENUE NORTH</b> Suite, Apt. #, etc. 27 <b>4TH FLOOR</b> City & State 28 <b>LAKE WORTH, FL</b> Zip 29 <b>33461</b>		3. Date Incorporated or Qualified <b>02/16/1983</b>	
25 <b>USA</b>		30 <b>USA</b>		4. FEI Number <b>59-2264156</b> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				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

**ROGERS, JAMES  
5700 LAKE WORTH ROAD  
SUITE 310  
LAKE WORTH FL 33463**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) <b>1926 TENTH AVENUE NORTH</b>
83 <b>4TH FLOOR</b>
84 City <b>LAKE WORTH</b>
85 Zip Code <b>FL 33461</b>

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	<b>DPCE</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOPER, WILLARD B II</b>	1.2 NAME	
STREET ADDRESS	<b>5700 LAKE WORTH ROAD, SUITE 310</b>	1.3 STREET ADDRESS	<b>1926 TENTH AVENUE NORTH, 4TH FLOOR</b>
CITY-ST-ZIP	<b>LAKE WORTH FL 33463</b>	1.4 CITY-ST-ZIP	<b>LAKE WORTH, FL 33461</b>
TITLE	<b>VPS</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARRA, OLGA E</b>	2.2 NAME	
STREET ADDRESS	<b>5700 LAKE WORTH RD STE 310</b>	2.3 STREET ADDRESS	<b>1926 TENTH AVENUE NORTH, 4TH FLOOR</b>
CITY-ST-ZIP	<b>LAKE WORTH FL 33463</b>	2.4 CITY-ST-ZIP	<b>LAKE WORTH, FL 33461</b>
TITLE	<b>VPTS</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROGERS, JAMES M</b>	3.2 NAME	
STREET ADDRESS	<b>5700 LAKE WORTH RD STE 310</b>	3.3 STREET ADDRESS	<b>1926 TENTH AVENUE NORTH, 4TH FLOOR</b>
CITY-ST-ZIP	<b>LAKE WORTH FL 33463</b>	3.4 CITY-ST-ZIP	<b>LAKE WORTH, FL 33461</b>
TITLE	<b>VPAS</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELLINGTON, GRAHAM P</b>	4.2 NAME	
STREET ADDRESS	<b>5700 LAKE WORTH RD STE. 310</b>	4.3 STREET ADDRESS	<b>1926 TENTH AVENUE NORTH, 4TH FLOOR</b>
CITY-ST-ZIP	<b>LAKE WORTH FL 33463</b>	4.4 CITY-ST-ZIP	<b>LAKE WORTH, FL 33461</b>
TITLE	<b>V</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEREZ, JOSE R</b>	5.2 NAME	
STREET ADDRESS	<b>5700 LAKE WORTH RD, STE 300</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL 33463</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VCAS</b>	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SESCO, CAROLYN S</b>	6.2 NAME	
STREET ADDRESS	<b>5700 LAKE WORTH RD STE 300</b>	6.3 STREET ADDRESS	<b>1926 TENTH AVENUE NORTH, 4TH FLOOR</b>
CITY-ST-ZIP	<b>LAKE WORTH FL 33463</b>	6.4 CITY-ST-ZIP	<b>LAKE WORTH, FL 33461</b>

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.

SIGNATURE:

4/23/98

(561 540-6224

CR2E034 (1097)