

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

FILED

Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **G30056** (7)
1. Corporation Name
SUNSHINE TV SALES & SERVICE, INC.

Principal Place of Business 608 W. 9TH STREET SANFORD FL 32771	Mailing Address 608 W. 9TH STREET SANFORD FL 32771-2401
------------------------------------------------------------------------------	-----------------------------------------------------------------------



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/23/1983	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2270446		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent POOLE, BURCHARD 107 WEST RIDGE DR. SANFORD FL 32771		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D. P.
NAME	POOLE, BURCHARD	1.2 NAME	POOLE, BURCHARD
STREET ADDRESS	107 W. RIDGE DR.	1.3 STREET ADDRESS	107 W. RIDGE DR.
CITY - ST - ZIP	SANFORD FL	1.4 CITY - ST - ZIP	SANFORD - FL - 32773
TITLE	V	2.1 TITLE	AV
NAME	POOLE, JOHN I	2.2 NAME	POOLE, JOHN I
STREET ADDRESS	282 SHORE ST, POB 24	2.3 STREET ADDRESS	741 BRECHNER TERRACE
CITY - ST - ZIP	LAKE MARY, FL 00000	2.4 CITY - ST - ZIP	DELTONA FL 32738
TITLE	STP	3.1 TITLE	T
NAME	POOLE, MARGARET W.	3.2 NAME	POOLE, MARGARET W.
STREET ADDRESS	107 W. RIDGE DR.	3.3 STREET ADDRESS	107 W RIDGE DR.
CITY - ST - ZIP	SANFORD FL	3.4 CITY - ST - ZIP	SANFORD FL 32773
TITLE	AV	4.1 TITLE	V S
NAME	POOLE, ELIZABETH A.	4.2 NAME	POOLE, LARRY B.
STREET ADDRESS	282 SHORE ST./PO BOX 24	4.3 STREET ADDRESS	6295 SANDY LANE
CITY - ST - ZIP	LAKE MARY FL	4.4 CITY - ST - ZIP	SANFORD FL 32771
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0071164

CR2E034 (9/96)