## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

Married of Burness	OCUMENT # G69 Corporation Name SUNSHINE SOFTWARE SALE .	` '			
See N. E. & ST. FILLADDERDUE FL. 33334  Finicipal Place of Barrenss  2a. Maining Arthress  2b. Maining Arthress  2c. Maining Arthress  3c. Scho, Apt. 4, clc.  2c. Scho, Apt. 4, clc.  3c. Scho, Apt.	,	•		- F 1881111 8010 01118 18111 18983 811	61 1811 81911 81911 91911 91811 91811 81911 1991
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Sure Apt # etc.  Sure A		ft.lauderdale fl 333	334		
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The controllation   Added to Feet   Action	Suite Apt. #, etc.	h1		5. Certificate of Status Desired	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  10. Name and Address	City & State	}¬	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	Added to 1 ccs
SCOTTO, GARY 5105 S.W. 10TH COURT MARGATE FL 33068  83  84 City FL 85 Zin Code Pursuant to the provisions of Sections 607-0502 and 607-1508, familia Stallade, the share named corporation submits this stallament for the operations of Sections 607-0502 and 607-1508, familia Stallade, the share named corporations submits this stallament for the operations of Sections 607-0502, familia Stallade, the share named corporations submits this stallament for the operations of special submits the share named corporations submits this stallament for the operations of special familiar with, and accept the obligations of, Section 607-0506, familiar stallade, the share named corporations blood of directors. Therety accept the appointment is registered agent. I familiar with, and accept the obligations of, Section 607-0506, familiar stallade, the share named corporations blood of directors. Therety accept the appointment is registered agent. I familiar with, and accept the obligations of, Section 607-0506, familiar stallade, the share named corporations blood of directors. Therety accept the appointment is registered agent. I familiar with, and accept the obligations of, Section 607-0506, familiar stallade, the share named corporations blood of directors. Therety accept the appointment is registered agent. I familiar with, and accept the obligations of share named corporations blood of directors. Therety accept the appointment is registered agent. I familiar stallade, the share named corporations blood of directors. Therety accept the appointment is registered agent. I familiar stallade. The share named corporations blood of directors. Therety accept the share named corporations blood of directors. Therety accept the share named corporations blood of directors. Therety accept the share named corporations between the share named corporations. The share named corporations is not the share named corporations. The share named corporations is not the named corporation of the receivers of the corporations. The named corporations is n	25	29	F	Florida Statutes	s []No
SCOTTO, GARY 510S S.W. 10TH COURT MARGATE FL 33068    Bay   City   FL   85   Zin Code   Pursuant to the provisions of Sections 607 0502 and 607 1506. Fixida Statistics, the above harded corporation submits this statement for the purpose of developing its registered or or registered agent, or both, in the State of Force. Such clamps was authorized by the corporation's Locard of decorporation's Locard product of Statistics. The above harded corporation's Locard product of Statistics.   Charley   Charley	g. Name and Address of C	urrent Registered Agent	Ri Name	10. Name and Address of New I	Registered Agent
### City ###				ess (P.O. Box Number is Not Accepta	tile)
Pursuant to the provisions of Sections 607.0502 and 607.1508. Fixinds Statutes, the above harried corporation submits this statement for the purpose of changing its registered or registered agent, or both, in the State of Florida. Such cleange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I manifer with, and accept the objection of Section 607.0506, Florida Statutes.  SINATURE  OFFICERS AND DIRECTORS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO OFFICERS AND DIREC					
or registered agent, or both, in the State of Florids. Such change was authorized by the corporations before or directors. Interestly accept the displacence agent and the register.  GNATURE  OPTICERS AND DIRECTORS.  13. ADDITIONS/CHANGES TO OPTICERS AND DIRECTORS IN 1.  DP SCOTTO, GARY  5105 SW 10TH CT  12 NAME  12 NAME  12 NAME  13 SIREL ADDRESS  14 CTY, ST, 2P  14 CTY, ST, 2P  15 SIREL ADDRESS  17 ST, 2P  16 SIREL ADDRESS  17 ST, 2P  18 SIREL ADDRESS  18 SIREL ADD			84 City		FL  85   Zip Code
MARGATE, FL 00000  14 CTY-SI-7P  15 CHange AM  27 NAME  27 NAME  27 NAME  27 NAME  27 NAME  28 NAME  28 NAME  37 NAME  38 STREEL ADDRESS  39 STREEL ADDRESS  30 STREEL ADDRESS  31 STREEL ADDRESS  32 STREEL ADDRESS  33 STREEL ADDRESS  34 COT F. ST. ZPP  34 COT ADDRESS  35 STREEL ADDRESS  36 STREEL ADDRESS  37 STREEL ADDRESS  38 STREEL ADDRESS  38 STREEL ADDRESS  38 STREEL ADDRESS  39 STREEL ADDRESS  30 STREEL ADDRESS  31 STREEL ADDRESS  32 STREEL ADDRESS  33 STREEL ADDRESS  34 STREEL ADDRESS  35 STREEL ADDRESS  36 STREEL ADDRESS  36 STREEL ADDRESS  37 STREEL ADDRESS  37 STREEL ADDRESS  38 STREEL ADDRESS  38 STREEL ADDRESS  38 STREEL ADDRESS  38 STREEL ADDRESS  39 STREEL ADDRESS  30 STREEL A	Signature, bytec or printed have of register  2. OFFICEF  ILF DP  SCOTTO, GARY	RS AND DIRECTORS	13.		
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AME  6 2 NAME  6 3 STREET ACCRESS  (ITY-ST-ZIP  4. 1 do hereby certify that the information supplied with this filling is voluntarily furnished and close not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I fur 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 logal effect as if made to oath; that I am an officer or director effect or price or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my na appears in Block 12 or Block 12 if changed, you an attachment with an address.  5 ARY  5 COTE  8 21 954493-5047			5.4 CI1Y - ST - ZI <sup>cs</sup>		☐ Change ☐ Additio
4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes I fur conflict that the information indicated on this annual proport or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made to cath; that I am an officer or director of the completion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my not appears in Block 12 or Block 12 if changed by an an attachment with an address.	AME TREET ADDRESS	DELETE	6.3 STREET ALCORESS		∟ слачуе ∟ Адоло
6ARY J. SCOTE 5/21 754493-504/	<ol> <li>1 do hereby certify that the information su ce 1/fy that the information indicated on the oath; that I am an officer or director of the</li> </ol>	his annual report or supplemental annual corporation or the receiver or trusted	ished and does not qualify ual report is true and accur e enipowered to execute th		
SICKLATUDE: \ \ \/ \/ \/ \ \ \ \ \ \ \ \ \ \ \ \ \	SIGNATURE:	SARY	J. Scotte	3/21 9	954493-5847