

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G89108** (6)  
1. Corporation Name  
**SMILING SUN, INC.**



Principal Place of Business Mailing Address  
**% ROBERT MAHAFFEY**  
**1895 KUDZA RD**  
**WEST PALM BEACH FL 33415**

3. Date Incorporated or Qualified **03/02/1984** 3a. Date of Last Report **05/22/1995**

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

4. FEI Number **59-2411807** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MAHAFFEY, ROBERT**  
**1895 KUDZA RD**  
**WEST PALM BEACH FL**

10. Name and Address of New Registered Agent  
81 Name **Judy Mahaffey**  
82 Street Address (P.O. Box Number is Not Acceptable) **1895 Kudza Rd.**  
83 **West Palm Beach FL 33415**  
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 *Judy Mahaffey* DATE **4/23/96**  
Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD MAHAFFEY, ROBERT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PSD MAHAFFEY, Judy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHAFFEY, ROBERT	1.2 NAME	MAHAFFEY, Judy
STREET ADDRESS	1895 KUDZA RD	1.3 STREET ADDRESS	1895 KUDZA RD.
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	West Palm Beach FL 33415
TITLE	VID MAHAFFEY, JUDY <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Judi M. FIDLER VID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHAFFEY, JUDY	2.2 NAME	Judi M. FIDLER VID
STREET ADDRESS	1895 KUDZA RD	2.3 STREET ADDRESS	1723 Pine Valley Dr.
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	McL BOURNE, FL 32935
TITLE	D MAHAFFEY, JUDI <input checked="" type="checkbox"/> DELETE	3.1 TITLE	ROBERT MAHAFFEY DSA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHAFFEY, JUDI	3.2 NAME	ROBERT MAHAFFEY DSA
STREET ADDRESS	1895 KUDZA RD	3.3 STREET ADDRESS	1895 Kudza Rd.
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	West Palm Beach FL 33415
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Judy A. Mahaffey* *Judy A. MAHAFFEY* DATE **4/23/96** **561-964-2994**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (12/95)