

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED

1995 JUL 27 AM 10:18

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J11057 (3)
 1. Corporation Name
SUNSHINE STATE MANUFACTURING & MARKETING, INC.

Principal Place of Business Mailing Address
 8111-B GARDEN ROAD 8111-B GARDEN ROAD
 RIVIERA BCH FL 33404 RIVIERA BCH FL 33404

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified 3a. Date of Last Report
 04/24/1986 05/01/1994
 4. FEI Number Applied For
 59-2664149 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional
 Fee Required
 6. Election Campaign Financing ☐ \$5.00 May Be
 Trust Fund Contribution 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
 BERSHOD, ALVIN
 11144 MARJORAM DRIVE
 PALM BEACH GARDENS FL 33410

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS
 TITLE PD
 NAME BERSHOD, ALVIN
 STREET ADDRESS 11144 MARJORAM DRIVE
 CITY ST ZIP PALM BEACH GRDNS FL
 TITLE
 NAME
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 CITY ST ZIP

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
 11 TITLE ☐ Change ☐ Addition
 12 NAME
 13 STREET ADDRESS
 14 CITY - ST - ZIP
 21 TITLE ☐ Change ☐ Addition
 22 NAME
 23 STREET ADDRESS
 24 CITY - ST - ZIP
 31 TITLE ☐ Change ☐ Addition
 32 NAME
 33 STREET ADDRESS
 34 CITY - ST - ZIP
 41 TITLE ☐ Change ☐ Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY - ST - ZIP
 51 TITLE ☐ Change ☐ Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY - ST - ZIP
 61 TITLE ☐ Change ☐ Addition
 62 NAME
 63 STREET ADDRESS
 64 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 110.07(3)(a), 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

6/22/95 407-844-6255
 Date Signature #

CR2E034 (3/95)