May 10, 1999 8:00 am Secretary of State

05-10-1999 90025 030 ***150.00

1 (1884) 18 (1981) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984)

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J50814

SUNSHINE OXYGEN, INC.

							_				
Principal Place of Business Mailing Address							.	1199(1)6 410, 4111 4919) (414) 1)91(414) 6141			
650 ANGLE ROAD FT. PIERCE FL 34947 FT. PIERCE FL 34947								DO NOT WRITE IN THIS SPACE			
							-		-ACE		
							1	Date Incorporated or Qualifed 01/02/1987			
2. Principal P	lace of Business	2a.	. Mailing Address				4.	FEI Number	1	Applied For	
21			26			59-275900		59-2759000	1	Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5	Certificate of Status Desired	•	Additional	
			27					- Continuate of Chalas Besides -	Fee F	Required	
City & State			City & State				6.	Election Campaign Financing	-	0 Мау Ве	
23			28				↓	Trust Fund Contribution	Added	to Fees	
Zip	Country	\vdash	Zip		ountry		1	This corporation owes the current year Intang			
24	25	29		30	_			Torontal Liperty Comm	Yes	□No	
	9. Name and Address of Curre	nt Regis	stered Agent		04	News	10.	Name and Address of New Registered Ag	ent		
ILEA 1	M MARILIAM C				81	Name					
LAMM, WILLIAM C 650 ANGLE ROAD					82	Street Addre	ress (P.O. Box Number is Not Acceptable)				
FT. I	PIERCE FL 34947				83						
					84	City		FI	85 Zip	Code	
					Ш			<u> </u>			
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State π familiar with, and accept the oblig	e of Florid	da. Such change was a	authoriz	ed by	the corporation	ration n's boa	n submits this statement for the purpose of chard of directors. I hereby accept the appointment	anging ii ient as r	egistered [
SIGNATURE											
						t signature required i		enstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	
12.	OFFICERS AND DIRECTORS PD DELETE				13.				Change		
	* -				NAME			-			
NAME	LAMM, TROY 650 ANGLE RD					***************************************					
STREET ADDRESS	FT PIERCE FL 34947			1		ADDRESS					
CITY-ST-ZIP TITLE	CEOD		☐ DELETE	_	CITY-SI TITLE	-ZIP			Change	Addition	
ļ					NAME	-		_			
NAME	LAMM, WILLIAM C 650 ANGLE RD					ADDRESS				i	
STREET ADDRESS											
CITY-ST-ZIP TITLE	FT PIERCE FL 34947 ST		☐ DELETE	_	CITY-S	1-217			Change	Addition	
			C Deceive	- 1	NAME			_		<u> </u>	
NAME STREET ADDRESS	LAMM, WILLIAM C 650 ANGLE RD				3.3 STREET ADDRESS						
	FT PIERCE FL 34947			1							
CITY-ST-ZIP	FI FIENCE FE 34947		☐ DELETE		CITY-S	1-24			7 Change	Addition	
NAME			<u></u>		NAME			_			
STREET ADDRESS:						ADDRESS					
					CITY-SI						
CITY-ST-ZIP TITLE			☐ DELETE		TITLE	-21-			Change	Addition	
NAME				1	NAME						
STREET ADDRESS				5.3	STREET	ADDRESS					
					CITY-ST						
CITY-ST-ZIP TITLE			☐ DELETE		TITLE				Change	Addition	
NAME	• .			6.2	NAME				•		
STREET ADDRESS	•					ADDRESS					
				_							

6.4 CITY+ST-ZIP 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 with all other like empowered.

SIGNATURE:

CITY-ST-ZIP