

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J60950** (9)

1. Corporation Name
SUNSHINE RESEARCH & DEVELOPMENT CORP.

Principal Place of Business 115 LAKESHORE DR SUITE 249 N. PALM BEACH FL 33408	Mailing Address 115 LAKESHORE DR SUITE 249 N. PALM BEACH FL 33408
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/04/1987	3a. Date of Last Report 02/11/1994
4. FEI Number 59-2279086	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 855 TURTLE BEACH RD. Suite, Apt. #, etc.	26. Mailing Address 26 855 TURTLE BEACH RD. Suite, Apt. #, etc.
22 City & State 23 NORTH PALM BEACH.	27 City & State 28 NORTH PALM BEACH
24 33408 25 PALM BEACH	29 33408 30 PALM BEACH

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
4. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FOG, ERLING
115 LAKESHORE DR
SUITE 249
N. PALM BEACH FL 33408**

10. Name and Address of New Registered Agent

81 Name OLE NISSEN
82 Street Address (P.O. Box Number is Not Acceptable) 855 TURTLE BEACH RD.
83
84 City NORTH PALM BEACH FL 85 Zip Code 33408

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for 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 *OLE NISSEN* DATE **5-10-1995**

Signature, typed or printed name of registered agent as of the filing date. (NOTE: Registered Agent signature required when resigning.)

12. OFFICERS AND DIRECTORS

TITLE D	NAME FOG, ERLING
STREET ADDRESS 115 LAKESHORE DR #249	
CITY - ST - ZIP N. PALM BEACH FL	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME OLE NISSEN	
3. STREET ADDRESS 855 TURTLE BEACH RD.	
4. CITY - ST - ZIP NORTH PALM BEACH FL 33408	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

REMITTED BY MAY 1

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(2)(b), Florida Statutes. I further certify that the information included 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 person or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this report, or as an attachment with an address.

SIGNATURE: *OLE NISSEN* **OLE NISSEN** 428-95 407-546-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-626-0520