

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J77980** (7)

1. Corporation Name

SUNSHINE GROUP, INC.



Principal Place of Business

Mailing Address

**800 S. LAKE SYBELIA DRIVE
MAITLAND FL 32751**

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MAITLAND FL 32751**

3. Date Incorporated or Qualified
06/16/1987

3a. Date of Last Report
04/03/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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4. FEI Number
59-2810013

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

10. Name and Address of New Registered Agent

**STOFFER, GERALD R.
800 S. LAKE SYBELIA DR.
MAITLAND FL 32751**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **STOFFER, GERALD R.**
STREET ADDRESS **800 S. LAKE SYBELIA DR.**
CITY-ST-ZIP **MAITLAND FL**

TITLE **ST** ☐ DELETE

NAME **STOFFER, IRENE E.**
STREET ADDRESS **800 S. LAKE SYBELIA DR.**
CITY-ST-ZIP **MAITLAND FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☐ Change ☐ Addition

2. 1 NAME

3. 1 STREET ADDRESS

4. 1 CITY-ST-ZIP

5. 1 TITLE ☐ Change ☐ Addition

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