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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

SUNSHINE GROUP, INC.

FILED Jan 16 1997 8:00am Secretary of State



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| 2. Principal Place of Business 2. Principal Place of Business 2. Mailing Address 4. FEI Number 59-2810013 Suite. Apt. #, etc. 5. Certificate of Status Desired City & State City & State City & State City & State 28 Country 7/p Country 7/p Country 8. This corporation has liability for intangible Florida Statutes Florida Statutes 9. Name and Address of Current Registered Agent STOFFER, GERALD R. 800 S. LAKE SYBELIA DR. MATILAND FL 32751 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) MATILAND FL 32751 FL 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 approach is not acceptable of the purpose of the corporation's board of directors. I hereby accept the approach is not acceptable of the provisions of Sections 1 hereby accept the approach is not acceptable of the corporation's board of directors. I hereby accept the approach is not acceptable of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of the corporation's board of directors. I hereby accept the approach is not acceptable in the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of the corporation's board of directors. I hereby accept the approach is not acceptable in the provision of the purpose of the provision of the provision of the purpose of the provision of the provi | ate of Last H | 1 |
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| SIGNATURE Signature, type-clar printed review of regiented depent and title if applicable (NOTE: Registered Agent signature required when reinslating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS 13. ADDITIONS/CHANGES TO OFFICERS 13. ADDITIONS/CHANGES TO OFFICERS 13. ADDITIONS/CH | D DIRECTOR | RS IN 12 |
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| CITY-ST-7IP | | |

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR