NOTIFY SENDER OF NEW ADDRESS : SUNSHINE PUBLICATIONS 1500 W CYPRESS CREEK RD STE 401 FORT LAUDERDALE FL 33309-1851 FILED May 14 1997 8:00am Secretary of State leellaathaallaksaddaaadkkahokstooolikkaallaadaad **DOCUMENT # K79145** SUNSHINE PUBLICATION SERVICE INC Principal Place of Business Mailing Address BESS W COMMEBCIAL BLYD TO DONNA BRITION 6635 W. COMMERCIAL BLVD. SUITE 217 STE 217 TAMARAC FL 33310-2141 TAMARAC PE 33318 3a. Date of Last Report 3. Date Incorporated or Qualified 04/05/1989 03/25/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0114796 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution П 23 28 Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** KAHN, WARREN Name 6635 W GOMMERCIAL BLVD 82 Street Address (P.O. Box Number is Not Acceptable) TAMARAC FL 33319 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signifrance typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition Billia KAHN, WARREN NAME 6835 W. COMMERCIAL BLVD. STREET ADDRESS Change Of Address: TAMARÁC FL COLY - ST - ZIF Addition Change THILE Sunshine Publication Service INC 1500 W. Cyprose Crock Rd Suite 401 NAME STREET LADORESS CITY-\$1-20 Change Addition TITLE NAME STREET ADDRESS COTY - ST - 7IP Change Addition THEE Ft. Landerdale, FL. NAME STREET ADDRESS C(1Y-S1-2)P Change Addition TITLE NAMI STREET ANDRESS City - ST - ZiP Change Addition THE L DULLUL 6.1 HILL NAM: 6.2 NAME STREET ADDRESS City - ST- 7IP 6.4 CITY - ST - ZIP 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.

REQUIRED

Daytime Phone #

0279265

SIGNATURE: X

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