

FILE NEW: 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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90119 022 ***150.00

DOCUMENT # K83784

1. Corporation Name

SUNSHINE MUSIC GROUP, INC.

Principal Place of Business

735 COLORADO AVE
7
STUART FL 34994
US

Mailing Address

PO BOX 2209
STUART FL 34995
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1989

4. FEI Number

65-0125043

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

MILLER, JOHN
200 ATLANTA AVE
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name

MILLER, JOHN

82 Street Address (P.O. Box Number is Not Acceptable)

2402 SW MANOR HILL DRIVE

83

84 City

PALM CITY

FL

85 Zip Code 34990

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 PT ☐ DELETE

NAME HAZELDINE, MICHAEL
STREET ADDRESS 200 ATLANTA AVE
CITY-ST-ZIP STUART FL

TITLE VS ☐ DELETE

NAME MILLER, JOHN
STREET ADDRESS 200 ATLANTA AVE
CITY-ST-ZIP STUART FL

TITLE VS ☐ DELETE

NAME PEAT, WILFRED
STREET ADDRESS 1274 SW FOUNTAIN AVE
CITY-ST-ZIP PORT ST LUCIE FL

TITLE VS ☐ DELETE

NAME STEIN, RONALD
STREET ADDRESS 615 COCONUT AVE
CITY-ST-ZIP PORT ST LUCIE FL 34952

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME HAZELDINE, MICHAEL
1.3 STREET ADDRESS 6082 SE LANDING WAY #5
1.4 CITY-ST-ZIP STUART FL 34997

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME MILLER, JOHN
2.3 STREET ADDRESS 2402 SW MANOR HILL DRIVE
2.4 CITY-ST-ZIP PALM CITY FL 34990

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAZELDINE

1-7-99

Date

(561) 286 5549

Daytime Phone #

CR2E034 (11/98)