

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **L32674** (8)  
1. Corporation Name  
**SUNSHINE AUTO SHINE, INC.**

Principal Place of Business <b>8055 PLANTATION LAKES DR PORT ST LUCIE FL 34986</b>	Mailing Address <b>8055 PLANTATION LAKES DR PORT ST LUCIE FL 34986-3014</b>
---	--



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/27/1989</b>		3a. Date of Last Report <b>03/26/1996</b>	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country
2. Principal Place of Business				2a. Mailing Address			
21. Suite, Apt. #, etc.				22. City & State			
23. Zip				24. Country			
25. Suite, Apt. #, etc.				26. City & State			
27. Zip				28. Country			
29. Suite, Apt. #, etc.				30. City & State			
31. Zip				32. Country			

9. Name and Address of Current Registered Agent <b>POMEROY, MARY C 100 N.E. THIRD AVENUE SUITE 1100 FORT LAUDERDALE FL 33301</b>				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83. City				84. Zip Code			
85. State				86. City			

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) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPT</b>	11. TITLE	
NAME	<b>POMEROY, EUGENE A., JR</b>	12. NAME	
STREET ADDRESS	<b>8055 PLANTATION LAKES DR</b>	13. STREET ADDRESS	
CITY- ST- ZIP	<b>PORT ST LUCIE FL 34986</b>	14. CITY- ST- ZIP	
TITLE	<b>VPSD</b>	21. TITLE	
NAME	<b>POMEROY, MARY C</b>	22. NAME	
STREET ADDRESS	<b>8055 PLANTATION LAKES DR.</b>	23. STREET ADDRESS	
CITY- ST- ZIP	<b>PORT ST LUCIE FL 34986</b>	24. CITY- ST- ZIP	
TITLE		31. TITLE	
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY- ST- ZIP		34. CITY- ST- ZIP	
TITLE		41. TITLE	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY- ST- ZIP		44. CITY- ST- ZIP	
TITLE		51. TITLE	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY- ST- ZIP		54. CITY- ST- ZIP	
TITLE		61. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY- ST- ZIP		64. 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.

SIGNATURE:

 **EUGENE A. POMEROY JR.**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT**

04/08/97

(621) 464-1194

0474992

CR2E034 (9/96)