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PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # L35590**

Corporation Name

SUNSHINE PUBLISHING, INC.

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Principal Plac	e of Business	•	Mailin	g Address			·		· · · · · · · · · · · · · · · · · · ·				
% MARK WEISHAUS 4062 LAKE SPUR CIR S. PALM BEACH GARDENS FL 33410			% MARK WEISHAUS 4062 LAKE SPUR CIR S. PALM BEACH GARDENS FL 33410					•	DO NOT WR	ITE IN THI	S SPACE		
PALM BEACH	GAMDENS PL 33410	:	PALM	DEACH GARDENS	FL 33410		<u>                                     </u>	Date Incorpora			O OF ACE	433	
								12/12/1989					
<ol><li>Principal F</li></ol>	Place of Business		2a. M	ailing Address			4	FEI Number		•		Applied For	
21			26					<u>65-0162452</u>	2			Not Applicable	
Suite, Apt.	. #, etc.		St	uite, Apt. #, etc.				5. Certifcate of Si	stue Desired	Π.		5 Additional	
22		•	27					). Continuate of O	. Desired		Fee	Required	
City & Star	te		Ci	ity & State			6	6. Election Camp	aign Financing		\$5.0	<b>0</b> May Be	
23			28					Trust Fund Co	ntribution		Adde	ed to Fees	
Zip		ountry	Zi <sub>l</sub>	р.	Cou	ntry	8	3. This corporation	n owes the cur	rent year li			
24 25			29	29 30				Personal Property Tax.   ☐ Yes ☐ No					
		ddress of Current	Register	ed Agent		<b>,</b>		). Name and Ad	dress of New	Registere	d Agent		
547F1		الكوية أتتره السيكة أربكا فأراجيه		•		81 Name							
WEISHAUS, MARK 4062 LAKESPUR CIRCLE SO			•			82 Street	reet Address (P.O. Box Number is Not Acceptable)						
	M BEACH GARD					83		316.1	120 140			7 4 7 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
-						84 City		E. 42 M 37	11 31 31 31 31 31 31 31 31 31 31 31 31 3	क्षां केल्यास्त्रकारीय काराज्यक्यास्य व	. 85 · Zi	p Code	
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SIGNATURE	•				~	. * 1							
	C1												
	Signature, typed or printed	name of registered agent		<del> </del>		Agent signature	required when			DATE			
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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.

6.4 CITY-ST-ZIP

**SIGNATURE** 

CITY-ST-ZIP

GNATURE AND TYPED OF PENTED MAME OF SIGNING OFFICER OR DIRECTOR

1/13/99

**FILED** 

Feb 01, 1999 8:00am

**Secretary of State** 

02-01-1999 90010 014 \*\*\*150.00

Daytime Phone #

CR2E034 (11/98)