FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 1:13

DOCUMENT # L54756 (6)

1. Corporation Name
SUNSHINE MIRROR, INC.

Principal Place of Business	Mailing Address
% DAVID HYMAN 501 E KENNEDY BLVD STE 707 TAMPA FL 33602	% DAVID HYMAN 501 E KENNEDY BLVD STE 707 TAMPA FL 33602

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/02/1990
3a. Date of Last Report: 03/16/1994

2. Principal Place of Business
21 7337 Commercial Circle
Suite, Apt. #, etc.
22 King's Hwy. Industrial Park
City & State
23 Ft. Pierce, FL
Zip 24 34951 Country 25 St. Lucie

2a. Mailing Address
26 P. O. Box 15216
Suite, Apt. #, etc.
27
City & State
28 Tampa, FL
Zip 29 33684 Country 30 Hills.

4. FEI Number: 59-3004338 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HYMAN, DAVID
501 E KENNEDY BLVD., SUITE 707
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3415 Beach Drive
83
84 City: Tampa FL 85 Zip Code: 33629

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: David Hyman 1-27-95
(Signature of new registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	ELOZORY, LIONEL	1.2 NAME		
STREET ADDRESS	% 5300 W. KNOX RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	BRUCCOLIERE, RONALD	2.2 NAME		
STREET ADDRESS	% 5300 W. KNOX RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	HYMAN, DAVID	3.2 NAME		
STREET ADDRESS	501 E. KENNEDY BLVD.	3.3 STREET ADDRESS	3415 Beach Drive	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33629	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	SILVERSTEIN, ROBERT H.	4.2 NAME	Todd Elozory	
STREET ADDRESS	7068 QUEENFERRY CIR	4.3 STREET ADDRESS	c/o 5300 W. Knox Rd.	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	Tampa, FL 33684	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	SILVERSTEIN, LEON	5.2 NAME	Daniel Toby Elozory	
STREET ADDRESS	10985 SW 1ST CT	5.3 STREET ADDRESS	c/o 5300 W. Knox Rd.	
CITY-ST-ZIP	CORAL SPRINGS FL	5.4 CITY-ST-ZIP	Tampa, FL 33684	
TITLE	D	6.1 TITLE	Delete	☒ Change ☐ Addition
NAME	CRAVETZ, MARVIN	6.2 NAME	Delete	
STREET ADDRESS	1451 RENE RD	6.3 STREET ADDRESS	Delete	
CITY-ST-ZIP	VILLANOVA PA	6.4 CITY-ST-ZIP	Delete	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 asterisk.

SIGNATURE: David Hyman 1-27-95
DAVID HYMAN
(TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date

0200073 CP