FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **L54756** **(6)**

1. Corporation Name
SUNSHINE MIRROR, INC.

Principal Place of Business	Mailing Address
7337 COMMERCIAL CIRCLE KING'S HWY INDUSTRIAL PARK FT PIERCE FL 34951 US	P O BOX 15216 501 E KENNEDY BLVD STE 707 TAMPA FL 33684 US

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified: 03/02/1990
3a. Date of Last Report: 02/10/1995
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
3415 BEACH DRIVE
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ELOZORY, LIONEL	
STREET ADDRESS	% 5300 W. KNOX RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	BRUCCOLIERE, RONALD	
STREET ADDRESS	% 5300 W. KNOX RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	HYMAN, DAVID	
STREET ADDRESS	3415 BEACH DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	ELOZORY, TODD	
STREET ADDRESS	C/O 5300 W KNOX RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	ELOZORY, DANIEL TOBY	
STREET ADDRESS	C/O 5300 W KNOX RD	
CITY-ST-ZIP	TAMPA FL	
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		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		

CR2E034 (12/95)

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)(k), 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: [signature] 2/14/96 813 884 2561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RONALD BRUCCOLIERE