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Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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<br>KING'S HWY INDUSTRIAL PARK<br>FT PIERCE FL 34951<br>US | P O BOX 15216<br>501 E KENNEDY BLVD STE 707<br>TAMPA FL 33684-5216<br>US |

3. Date Incorporated or Qualified: **03/02/1990**
3a. Date of Last Report: **02/27/1996**

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

2a. Mailing Address
26 P.O. Box 15216 | Suite, Apt. #, etc. 27 TAMPA | City & State 28 FLORIDA | Zip 29 33684-5216 | Country 30

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: RONALD BRUCCOLIERE
82 Street Address (P.O. Box Number is Not Acceptable): 5300 W KNOX RD.
83
84 City: TAMPA **FL** 85 Zip Code: 33604

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] DATE: 3/19/97
(NOTE: Registered Agent's signature required when reinstating)

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 (9/96)

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, added or deleted.

**SIGNATURE:** [signature] 3/19/97 813-884-2561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #