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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L62413

SUNSHINE REALTY GROUP, INC.

Principal Place of Business		Mailing Address			1		
461 SW 6 ST		C/O LIDIA BELLIZZI					
MIAMI FL 33130		331 W 57TH ST			DO NOT WRITE IN THIS SPACE		
US		MIAMI BCH FL 33140					
US				3. Date Incorporated or Qualifed			
1	·		<u> </u>		03/29/1990		
Principal Pt	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	plied For
		26			65-0248394		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	
					5. Definicate of Oteloa Desirot	Fee Re	equired
City & State		City & State			6. Election Campaign Financing - \$5.00 May Be		
23					Trust Fund Contribution	Added	to Fees
Zip Country		Zip Country		8. This corporation owes the current year In	tangible	İ	
24	25	29 30	5		Personal Property Tax.	☐.Yes	□No
<u> </u>	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
			81	Name			İ
BELL	lizzi, Lidia				(D O D N L		
331 W 57 ST		82 St		Street Addre	ss (P.O. Box Number is Not Acceptable)		ţ
MIAMI BEACH FL 33140				 			
]		·	1		·		
	•		84	City	FL	85 Zip	Code
· .	· · · · · · · · · · · · · · · · · · ·			<u> </u>	• •	-	societorod
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 a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes	i.			·
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis				nt signature required			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PTD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	BELLIZZI, MICHAEL J		1.2 NAME				ľ
STREET ADDRESS	331 W 57TH ST 1.35		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CFTY-S	iT-ZIP			
TITLE		☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME				ł
STREET ADDRESS			2.3 STREE	TADORESS			Ì
1			2.4 CITY-5	B B			
CITY-ST-ZIP			3.1 TITLE	-, <u>-</u>		Change	Addition
			3.2 NAME		مساوستاني الرادات الممادي ومعالي		
NAME		į	i	•		•	Į
STREET ADDRESS				TADORESS			ļ
CITY-ST-ZIP		□ DEFETE	3.4. CITY-	ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE			- olleride	
NAME	, ,		4, 2 NAME				{
STREET ADDRESS			4.3 STREE	TADORESS			}
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE	,	☐ DELETE	5.1 TITLE		•	Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS		'	5.3 STREE	TADORESS			}
CITY-ST-ZIP	-		5.4 CITY- 8	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME	{		6.2 NAME				ţ
I			6.3 STREE	T ADORESS			Į.
STREET ADDRESS	!			~~			

6.4 CITY-ST-ZiP

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 on an attacking with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP