

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 # **L94538 (0)**

1. Corporation Name

SUNSHINE-7, INC.

Principal Place of Business

5950 HAZELTINE NATIONAL DR 120
ORLANDO FL 32822

Mailing Address

5950 HAZELTINE NATIONAL DR 120
ORLANDO FL 32822



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

08/02/1990

3a. Date of Last Report

01/24/1995

4. FEI Number

59-3026921

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

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

**PEARLMAN, CRAIG S.
201 S. ORANGE AVE.
SUITE 900
ORLANDO FL 32802**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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

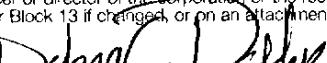
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OSHIMA, SHINICHIRO	1.2 NAME	Debra C. Kistler
STREET ADDRESS	5950 HAZELTINE NATIONAL DR., STE 120	13 STREET ADDRESS	5950 Hazeltine National Dr., Ste 120
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Orlando, Florida 32822
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	Toshio Ueda <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OTSUKA, NORIYUKI	2.2 NAME	Nishi Honmachi Intes Bldg. 2-3-10
STREET ADDRESS	5950 HAZELTINE NATIONAL DR., STE. 120	23 STREET ADDRESS	Nishi Honmachi, Nishi-ku, Osaka, Japan
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	550
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	Fukuyoshi Kawazoe <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAKASHIMA, TAKANAO	3.2 NAME	2255 Kuhio Ave. M-4
STREET ADDRESS	5950 HAZELTINE NATIONAL DR., STE. 120	33 STREET ADDRESS	Honolulu, HI
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAWAZOE, KAZUMI	4.2 NAME	
STREET ADDRESS	133-18 HAKUSAN BUNKYO-KU	43 STREET ADDRESS	
CITY-ST-ZIP	TOKYO JA	44 CITY-ST-ZIP	
TITLE	PT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIMADA, YUTAKA	5.2 NAME	
STREET ADDRESS	1-33-18 HAKUSAN BUNKYO-KU	53 STREET ADDRESS	
CITY-ST-ZIP	TOKYO JA	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATANABE, KENICHI	6.2 NAME	
STREET ADDRESS	1-33-18 HAKUSAN BUNKYO-KU	63 STREET ADDRESS	
CITY-ST-ZIP	TOKYO JA	64 CITY-ST-ZIP	

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:  **DEBRA C. KISTLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 15, 1996 (407)438-0940

Date

Daytime Phone #

CR2E034 (12/95)