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Jan 15 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 # **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 32822-5000**

3. Date Incorporated or Qualified

08/02/1990

3a. Date of Last Report

01/23/1996

4. FEI Number

59-3026921

Applied For

☐ Not Applicable

2. Principal Place of Business

7680 Republic Drive

2a. Mailing Address

7680 Republic Drive

Suite, Apt. #, etc.

Suite 440

Suite, Apt. #, etc.

Suite 440

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32819

Country

USA

Zip

32819

Country

USA

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **V** ☒ DELETE

NAME **OSHIMA, SHINICHIRO**
STREET ADDRESS **5950 HAZELTINE NATIONAL DR., STE 120**
CITY - ST - ZIP **ORLANDO FL**

TITLE **V** ☐ DELETE

NAME **OTSUKA, NORIYUKI**
STREET ADDRESS **5950 HAZELTINE NATIONAL DR., STE. 120**
CITY - ST - ZIP **ORLANDO FL**

TITLE **V** ☐ DELETE

NAME **NAKASHIMA, TAKANAO**
STREET ADDRESS **5950 HAZELTINE NATIONAL DR., STE. 120**
CITY - ST - ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE

NAME **KAWAZOE, KAZUMI**
STREET ADDRESS **1-33-18 HAKUSAN BUNKYO-KU**
CITY - ST - ZIP **TOKYO JA**

TITLE **PT** ☐ DELETE

NAME **SHIMADA, YUTAKA**
STREET ADDRESS **1-33-18 HAKUSAN BUNKYO-KU**
CITY - ST - ZIP **TOKYO JA**

TITLE **D** ☐ DELETE

NAME **WATANABE, KENICHI**
STREET ADDRESS **1-33-18 HAKUSAN BUNKYO-KU**
CITY - ST - ZIP **TOKYO JA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Secretary** ☐ Change ☒ Addition

1.2 NAME **Debra C. Kistler**
1.3 STREET ADDRESS **7680 Republic Drive, Suite 449**
1.4 CITY - ST - ZIP **Orlando, Florida 32819**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **Toshio Ueda**
2.3 STREET ADDRESS **2-3-10 Nishi-Honmachi**
2.4 CITY - ST - ZIP **Nishi-ku, Osaka Japan 550**

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME **Fukuyoshi Kawazoe**
3.3 STREET ADDRESS **2255 Kuhio Avenue M-4**
3.4 CITY - ST - ZIP **Honolulu, Hawaii**

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

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, or on an attachment with an address.

SIGNATURE:

Debra C. Kistler **DEBRA C. KISTLER** 1/17/97 4073528665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)