

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

FILED

Jan 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # L94538 (0)  
1. Corporation Name  
SUNSHINE-7, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7680 REPUBLIC DRIVE SUITE 440 ORLANDO FL 32819 US		Mailing Address 7680 REPUBLIC DRIVE SUITE 440 ORLANDO FL 32819 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country
3. Date Incorporated or Qualified 08/02/1990			
4. FEI Number 59-3026921			
Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
85 Zip Code		FL	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KISTLER, DEBRA C.	1.2 NAME	
STREET ADDRESS	7680 REPUBLIC DRIVE, SUITE 449	1.3 STREET ADDRESS	Suite 440
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	32819
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OTSUKA, NORIYUKI	2.2 NAME	Ueda, Toshio
STREET ADDRESS	5950 HAZELTINE NATIONAL DR., STE. 120	2.3 STREET ADDRESS	1-33-18 Hakusan, Bunkyo-ku,
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Tokyo, Japan 113
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAKASHIMA, TAKANAO	3.2 NAME	Arai, Kunimasa
STREET ADDRESS	5950 HAZELTINE NATIONAL DR., STE. 120	3.3 STREET ADDRESS	2255 Kuhio Avenue, Suite 1700
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Honolulu, Hawaii
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAWAZOE, KAZUMI	4.2 NAME	Kawazoe, Fukuyoshi
STREET ADDRESS	1-33-18 HAKUSAN BUNKYO-KU	4.3 STREET ADDRESS	2255 Kuhio Avenue, Suite 1700
CITY-ST-ZIP	TOKYO JA	4.4 CITY-ST-ZIP	Honolulu, Hawaii
TITLE	PT <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIMADA, YUTAKA	5.2 NAME	
STREET ADDRESS	1-33-18 HAKUSAN BUNKYO-KU	5.3 STREET ADDRESS	
CITY-ST-ZIP	TOKYO JA	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" 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	6.3 STREET ADDRESS	
CITY-ST-ZIP	TOKYO JA	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, or on an attachment with an address.

SIGNATURE: *Debra C. Kistler* REQUIRED Debra C. Kistler

1-8-98 (407) 352-8665

CR2E034 (10/97)