

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

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90087 010 \*\*\*158.75

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L94538**

1. Corporation Name  
**SUNSHINE-7, INC.**



Principal Place of Business <b>7680 REPUBLIC DRIVE</b> <b>SUITE 440</b> <b>ORLANDO FL 32819</b> <b>US</b>	Mailing Address <b>7680 REPUBLIC DRIVE</b> <b>SUITE 440</b> <b>ORLANDO FL 32819</b> <b>US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 7680 UNIVERSAL BLVD.</b> Suite, Apt. #, etc. <b>22 SUITE 440</b> City & State <b>23 ORLANDO, FL</b> Zip <b>24 32819</b>		2a. Mailing Address <b>26 7680 UNIVERSAL BLVD.</b> Suite, Apt. #, etc. <b>27 SUITE 440</b> City & State <b>28 ORLANDO, FL</b> Zip <b>29 32819</b>		3. Date Incorporated or Qualified <b>08/02/1990</b>	
25 <b>USA</b>		30 <b>USA</b>		4. FEI Number <b>59-3026921</b> Applied For <input type="checkbox"/> Not Applicable	
9. Name and Address of Current Registered Agent <b>PEARLMAN, CRAIG S.</b> <b>201 S. ORANGE AVE.</b> <b>SUITE 900</b> <b>ORLANDO FL 32802</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	<b>S</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>KISTLER, DEBRA C.</b>			1.2 NAME	<b>KISTLER, DEBRA C</b>		
STREET ADDRESS	<b>7680 REPUBLIC DR #440</b>			1.3 STREET ADDRESS	<b>7680 UNIVERSAL BLVD. STE 440</b>		
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>			1.4 CITY-ST-ZIP	<b>ORLANDO, FL 32819</b>		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>UEDA, TOSHIO</b>			2.2 NAME			
STREET ADDRESS	<b>1-33-18 HAKUSAN, BUNKYO-KU</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>TOKYO JA</b>			2.4 CITY-ST-ZIP			
TITLE	<b>VT</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ARAI, KUNIMASA</b>			3.2 NAME			
STREET ADDRESS	<b>2255 KUHIO AVE #1700</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>HONOLULU HA</b>			3.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>KAWAZOE, KAZUMI</b>			4.2 NAME			
STREET ADDRESS	<b>1-33-18 HAKUSAN BUNKYO-KU</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>TOKYO JA</b>			4.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SHIMADA, YUTAKA</b>			5.2 NAME			
STREET ADDRESS	<b>1-33-18 HAKUSAN BUNKYO-KU</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>TOKYO JA</b>			5.4 CITY-ST-ZIP			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>KAWAZOE, FUKUYOSHI</b>			6.2 NAME			
STREET ADDRESS	<b>2255 KUHIO AVE #1700</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>HONOLULU HA</b>			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, with all other like empowered.

SIGNATURE:  **DEBRA C. KISTLER**

**1-4-99 (407) 352-8665**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #