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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L94538

1. Corporation Name

SUNSHINE-	-7, ING.							
Principal Place of E	Rusinass	Mailing Address		{	H a Haill Bi dd i a il do iil	e t læit ælæit i	itali alah ala	ni dibik bibik ibbi
•		7690 REPUBLIC DRIVE						
7680 REPUBLIC DRIVE SUITE 440		SUITE 440		}				
ORLANDO FL 32819 OR		ORLANDO FL 32819			DO NOT WRITE IN THIS SPACE			
US		US		3. Date Incorpor				
 				08/02/199	<u> </u>			
2. Principal Place		2a. Mailing Address		4. FEI Number	. a			Applied For
	IVERSAL BLVD.	26 7680 UNIVERSA Suite, Apt. #, etc.	AT READ.	59-302692	IJ			Not Applicable
Suite, Apt. #, et		⊢ , '''		5. Certifcate of	Status Desired	X		5 Additional Required
22 SUITE 44 City & State	40	27 SUITE 440 City & State		6, Election Cam	naion Financino			May Be
ORLANDO,	, FL	28 ORLANDO, FL		Trust Fund C	-		•	d to Fees
Zip	Country	Zip	Country		on owes the curre	ent year Ini	angible	
24 32819	USA	29 32819 3	USA	Personal Pro		·	ŬYes	[x]No
	. Name and Address of Current R	Registered Agent		10. Name and A	ddress of New R	egistered	Agent	
			81 Name					
	MAN, CRAIG S.		82 Street A	ddress (P.O. Box Numb	er is Not Accepta	ble)		
	ORANGE AVE.			·	·			
SUITE 9			83					
OHLAŅU	DO FL 32802		84 City				85 Zi	ip Code
						<u>FL</u>	<u>- </u>	<u> </u>
office or regist	ne provisions of Sections 607.0502 a tered agent, or both, in the State of amiliar with, and accept the obligation	Florida. Such change was aut	horized by the corpor	orporation submits this ation's board of director	s. I hereby accep	t the appo	intment as	registered
_ _		13 01, 5000011 001 10000, 1 10110	da Otaldics.					
SIGNATURE				uired when reinstation)		DATE		
SIGNATURE Signa	ature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: R	legistered Agent signature req		HANGES TO OFF	DATE FICERS AN	ND DIRECT	TORS IN 12
SIGNATURE		nd title if applicable. (NOTE: R	Registered Agent signature req		HANGES TO OFF		ND DIRECT	
SIGNATURE Signa 12. TITLE S	ature, typed or onnted name of registered agent an	nd title if applicable. (NOTE: R	legistered Agent signature req	ADDITIONS/C				
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HONOLULU HA

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. 6.4 CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

DEBRA C. KISTLER

164-99 (407) 352-8665

FILED

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90087 010 ***158.75