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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **M36794** (9)

1. Corporation Name

SUNSHINE EXPOS, INC.

Principal Place of Business	Mailing Address
1700 S.W. 12 AVENUE BOCA RATON FL 33486-3619	1700 S.W. 12 AVENUE BOCA RATON FL 33486-3619

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/14/1986
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business
21: 22094 Sorrento Cir
Suite, Apt. #, etc. 22:
City & State 23: Boca Raton, Fl
Zip 24: 33433 Country 25: US

2a. Mailing Address
26: P.O. Box 2149
Suite, Apt. #, etc. 27:
City & State 28: Boca Raton
Zip 29: 33427 Country 30: US

4. FEI Number: 59-2714019 ☐ Applied For ☐ Not Applicable

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

HAYNIE, LINDA
1700 S.W. 12 AVENUE
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name: Barbara A. Haynie
82 Street Address (P.O. Box Number is Not Acceptable): 22094 Sorrento cir
83:
84 City: Boca Raton FL 85 Zip Code: 33433

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: Barbara A. Haynie
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	DVP	1.1 TITLE	☑ Change ☐ Addition
NAME	HAYNIE, J. NEIL	1.2 NAME	
STREET ADDRESS	1700 SW 12TH AVE	1.3 STREET ADDRESS	Delete
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	HAYNIE, BARBARA	2.2 NAME	
STREET ADDRESS	1700 SW 12TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	HAYNIE, MONA	3.2 NAME	
STREET ADDRESS	1700 SW 12TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	HAYNIE, KEVIN N.	4.2 NAME	
STREET ADDRESS	1700 SW 12TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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: Barbara A. Haynie 2/1/95 407/391-3292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0977770 GP