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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M36794

(9)

SUNSHINE EXPOS, INC.

Principal Place	of Business	Mailing Address	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>						
22094 SERENETARIR BOCA RATON FL 33433 US		P.O. BOX 2149	P.O. BOX 2149 BOCA RATON FL 33427-2149						
00						3. Date incorporated or Qualified 08/14/1986	1	of Last R <b>3/1996</b>	eport
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		Ar	oplied For
21		26				59-2714019			ot Applicable
Suite, Apt #	#, etc.	Suite, Apt. #, etc.			ŀ	5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State	······································	City & State				6. Election Campaign Financing		\$5.00	
23	,	28				Trust Fund Contribution		Added t	
Zip	Country	Zip	Countr	у		8. This corporation has liability for i	ntangible t	ax under s	. 199.032,
24	25	29	30			- 1011000000000000000000000000000000000	Yes 🗌		
	9. Name and Address of Cur-	rent Registered Agent				10. Name and Address of New Re	gistered A	gent	
	NIE, BARBARA A.		81	Name	<del>)</del>				
	24 SERENETA CIR	·	82	Street	Addres	s (P.O. Box Number is Not Acceptab	ile)		
BOC	A RATON FL 33433		83	1					
			84	City			FL	<b>85</b> Zip	Code
11. Pursuant t	o the provisions of Sections 607.0	0502 and 607.1508. Florida Statul	es, the above	l ve-namec	d corpor	ation submits this statement for the p	urpose of (	hanging i	ts registered
office or re	egistered agent, or both, in the St	ate of Florida, Such change was	authorized to	y the cor	rporation	ation submits this statement for the parties of directors. I hereby accept	ot the appo	intment as	registered
	2 CH	inganona or, occion correcco, i i	Onou Oldion				1/20	ilan	
SIGNATURE	Signature, typed or printed name of registered	agent and title Lapplicable. (NOT	E Registered A	gent signatur	re required	when reinstating)	DATE	4-4-7	
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE			
ŤIŤLE	DP	L DELETE	1.1 TITLE				l	Change	Addition
NAME	HAYNIE, BARBARA		1.2 NAME						
STREET ADDRESS	22094 SERENATA CIR.			ET ADDRESS	•				
CITY-S1-ZIP	BOCA RATON FL 33433	DELETE	1.4 CITY- 2.1 TITLE	<del>,</del>				Change	Addition
TITLE NAME	I HAYNIE, MONA	ב) טנונונ	2.1 TITLE 2.2 NAME					- Circingo	Tal Marion
STREET ADDRESS	22094 SERENATA CIR.			Et address					
CITY-ST-7/P	BOCA RATON FL 33433		2.4 City		'				
1:TLE	S	DELETE	3.1 TITLE		+		•	Change	Addition
NAME	HAYNIE, KEVIN N.		3.2 NAME		1				
STREET ADDRESS	22094 SERENATA CIR.		3.3 STRE	ET ADDRESS	;				
CITY - ST - ZIP	BOCA RATON FL 33433		3.4. CITY				<del></del> .	- (A)	7"1
TOLE		L DELETE	4.1 TITLE				ı	Change	■ Addition
NAME			4. 2 NAM						
STREET ADDRESS		,		ET ADDRESS	•				
CITY-ST-ZIP		DELETE	4.4 CITY- 5.1 TITLE		<del> </del>		· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE NAME			5.1 HILE 5.2 NAME				1	- Ottonigo	
NAME STREET ADDRESS			B.	: Et address					
CITY-ST-ZIP			5.4 CITY-						
TITLE		DELETE	6.1 TITLE		1			Change	Addition
NAME			6.2 NAME	:					
STREET ADDRESS			6.3 STRE	et adoress	3				
CITY-ST-ZIP			6.4 CITY						
14 Ldo borok	by certify that the information supply indicated on this applied to seed	olied with this filing does not qual	ify for the ex	curate an	stated i	n Section 119.07(3)(i), Florida Statute by signature shall have the same lega	s. I further	certify that	the
l Lam an of	flicer or director of the corporation	a or the receiver or trustee empor	wered to exe	ocute this	s report	as required by Chapter 607, Florida S	Statutes, an	d that my	name
j appears r	n Block 12 or Block 13 if changed	a, or on an anacement with an ac	UIDSS.						

**SIGNATURE:** 

**FILED** 

Feb 06 1997 8:00am

Secretary of State