

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N29077 (7)
1. Corporation Name
SUNSHINE EXPRESS HARMONY, INC.

Principal Place of Business Mailing Address
45 PARK AVE 45 PARK AVE
DELEON SPRINGS FL 32130 DELEON SPRINGS FL 32130
46 46



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/02/1988 3a. Date of Last Report 03/29/1996
4. FEI Number NOT APPLICABLE 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 3420 KEOTA DRIVE 26 3420 KEOTA DR.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 ORLANDO, FL 28 ORLANDO, FL
Zip Zip
24 32839 25 Country 29 32839 30 Country

9. Name and Address of Current Registered Agent
FELSKE, VIRGINIA DOROTHY VIOLA
89 SMYRNA DRIVE 2628 MORGAN ROAD
DEBARY FL 32768 DELAND, FL 32720

10. Name and Address of New Registered Agent
81 Name DOROTHY VIOLA
82 Street Address (P.O. Box Number is Not Acceptable) 2628 MORGAN ROAD
83
84 City DELAND FL 85 Zip Code 32720

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Dorothy Viola (DOROTHY VIOLA) 8/23/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD ☐ DELETE
NAME VIOLA, DOROTHY
STREET ADDRESS 2628 MORGAN RD
CITY-ST-ZIP DELAND FL
TITLE VD ☐ DELETE
NAME WILSON, LOUISE
STREET ADDRESS 118 ALANO RD
CITY-ST-ZIP DEBARY FL
TITLE SD ☒ DELETE
NAME PAYEA, MARTHA
STREET ADDRESS 1307 LYDIA DR
CITY-ST-ZIP DELTONA FL
TITLE TD ☒ DELETE
NAME WELT, MATHILDA
STREET ADDRESS 45 PARK AVE.
CITY-ST-ZIP DELEON SPRINGS FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE SECRETARY ☒ Change ☒ Addition
3.2 NAME MARCY LITTLE
3.3 STREET ADDRESS 1379 SACRAMENTO ST.
3.4 CITY-ST-ZIP DELTONA, FL 32725
4.1 TITLE TREASURER ☒ Change ☒ Addition
4.2 NAME ADDIE LEONBERGER
4.3 STREET ADDRESS 3420 KEOTA DRIVE
4.4 CITY-ST-ZIP ORLANDO, FL 32839
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE SIGNATURE REQUIRED 8/22/97 (904) 736-2000

CR2E037 (4/97)