


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000001605					
1. Corporation Name SUNSHINE AGRICULTURE INCORPORATED					
Principal Place of Business 1801 HERMITAGE BLVD., SUITE 600 TALLAHASSEE FL 32308			Mailing Address 1801 HERMITAGE BLVD., SUITE 600 TALLAHASSEE FL 32308		

03 APR 12 PM 3:00
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/22/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3375053	
22 City & State		27 City & State		Applied For <input type="checkbox"/> Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TODD, DAVID E 1801 HERMITAGE BLVD. STE. 600 TALLAHASSEE FL 32308				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME D BENNETT, DOUGLAS W				NAME Jeffrey L. Smith			
STREET ADDRESS 1801 HERMITAGE BLVD., SUITE 600				STREET ADDRESS 1801 Hermitage Blvd., Suite 600			
CITY-ST-ZIP TALLAHASSEE FL 32308				CITY-ST-ZIP Tallahassee, FL 32308			
2.1 TITLE <input checked="" type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME D MILLER, TODD A				NAME			
STREET ADDRESS 1801 HERMITAGE BLVD., SUITE 600				STREET ADDRESS			
CITY-ST-ZIP TALLAHASSEE FL 32308				CITY-ST-ZIP			
3.1 TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME D HORTON, JAMES W				NAME			
STREET ADDRESS 1801 HERMITAGE BLVD., SUITE 600				STREET ADDRESS			
CITY-ST-ZIP TALLAHASSEE FL 32308				CITY-ST-ZIP			
4.1 TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME P MENEELY, JOHN H				NAME			
STREET ADDRESS 801 WARRENVILLE RD., STE. 600				STREET ADDRESS			
CITY-ST-ZIP LISLE IL				CITY-ST-ZIP			
5.1 TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME V GOULD, MELVIN L				NAME			
STREET ADDRESS 801 WARRENVILLE RD., STE. 600				STREET ADDRESS			
CITY-ST-ZIP LISLE IL				CITY-ST-ZIP			
6.1 TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME S TARNOW, WILLIAM M				NAME			
STREET ADDRESS 801 WARRENVILLE RD., STE. 600				STREET ADDRESS			
CITY-ST-ZIP LISLE IL				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 617, 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: **Douglas W. Bennett, Director** 4-17-99 850-488-4406

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CR2E037 (11/98)