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Secretary of State
05-21-2001 90361 016 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000006590 (1)**

1. Corporation Name

SUNSHINE LEISURE CARE, INC.

Principal Place of Business

Mailing Address

**1352 6TH ST
WEST PALM BEACH FL 33401**

**1352 6TH ST
WEST PALM BEACH FL 33401-3128**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/23/1996

3a. Date of Last Report

4. FEI Number

1023/1024

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

10. Name and Address of New Registered Agent

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

Margaret E. Peavy

(NOTE: Registered Agent signature required when reinstating)

11-21-1997

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** **DP** ☐ DELETE

NAME **PEAVY, MARGARET E**
STREET ADDRESS **1352 6TH ST**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **S/D** **DS** ☐ DELETE

NAME **ZELL, IDA M**
STREET ADDRESS **841 SW AVE B**
CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE **T** **DT** ☐ DELETE

NAME **PEAVY, GUS A**
STREET ADDRESS **1341 SW AVE D**
CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE **D** ☐ DELETE

NAME **HOWARD, ERNES JR.**
STREET ADDRESS **6 FOREST GREEN K DR**
CITY-ST-ZIP **DOVER DE 19901**

TITLE **VP** ☐ DELETE

NAME **Manny Singh**
STREET ADDRESS **6610 North University Dr.**
CITY-ST-ZIP **Suit 250
77 Landale Fla. 33321-4034**

TITLE **Tr.** ☐ DELETE

NAME **Marvin Isenor**
STREET ADDRESS **235 S.W. 5th Ave.**
CITY-ST-ZIP **South Bay Fla. 33493**

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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.

CR2E037 (9/96)