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Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005406 (0)**

1. Corporation Name
SONSHINE INTERNATIONAL PUBLICATION, INC.



Principal Place of Business %DR. F.M. BRADLEY P.O. BOX 410595 MELBOURNE FL 32941	Mailing Address %DR. F.M. BRADLEY P.O. BOX 410595 MELBOURNE FL 32941
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3. Date Incorporated or Qualified 09/22/1997	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-3477165		

2. Principal Place of Business 21 427 Timberlake Dr	2a. Mailing Address 26
22 Melbourne	27 Suite, Apt. #, etc.
23 Florida	28 City & State
24 32940	29 Zip
25 USA	30 Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BRADLEY, FRANCIS M 427 TIMBERLAKE DRIVE MELBOURNE FL 32940	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE D-P	DELETED <input type="checkbox"/>
NAME	Donald Lees
STREET ADDRESS	47 Marina Island Blvd
CITY-ST-ZIP	Indian Harbor Beach FL 32937
TITLE D-VP	DELETED <input type="checkbox"/>
NAME	Linda Lees
STREET ADDRESS	47 Marina Island Blvd
CITY-ST-ZIP	Indian Harbor Beach FL 32937
TITLE D-S	DELETED <input type="checkbox"/>
NAME	Arlene Coulter
STREET ADDRESS	5925 Ole Dixie Highway
CITY-ST-ZIP	Melbourne FL 32940
TITLE D-T	DELETED <input type="checkbox"/>
NAME	Francis M Bradley
STREET ADDRESS	427 Timberlake Dr
CITY-ST-ZIP	Melbourne FL 32940
TITLE	DELETED <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETED <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 in an attachment with an address.

SIGNATURE: *Francis M Bradley Treasurer* 407-242-1424

CR2E037 (10/97)