## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

1. Corporation Name						
SONSHINE INTERNATIONAL PUBLICATION, INC.						
001101	THE HILLIAM TOWAL TODE	OATION, INO.			r iadhilaí aga gaint gang gann agun agun agun agun agun agun	<b>e</b> 8111 1881
		·				
Principal Place of Business Mailing Address					i cantitat are editi ennis maiti antit antit datti datti datti	<b>P Q</b> 141 ( <b>Q</b> 31
WOR. F.M. BRADLEY WOR. F.M. BRADLEY			m		3. Date Incorporated or Qualified	
P.O. BOX ********** 410595 P.O. BOX ***********************************			<b>9</b> S		09/22/1997	
MELBOURNE FL 32941 MELBOURNE FL 32941					4. FEI Number App	lied For
					99-3477/65 Not	Applicable
2. Principal f	Place of Business	2a. Mailing Address	\		5. Certificate of Status Desired S8.75 Ad	
21 427	427 Transportation (26) Suite, Apt. #, etc.		<u> </u>		Fee Req	
22 Nellonne 27			-		6. Election Campaign Financing \$5.00 Mg Trust Fund Contribution Added to 6	
City & State City & State					7. Is this nonprofit corporation a homeowners association?	
23 Planta 28			1		☐ Yes ☐ No	
Zip	240 Country Zip		Country 30	1	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24 522	9. Name and Address of Current Registered Agent			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent		
G. Tullio and Products of Carlott (Toglostics Agent				Name		******
RRADI F	Y, FRANCIS M		82	Ct1 Aris	description (D.O. David, St. Mark Association)	
427 TIMBERLAKE DRIVE			02	Street Auc	dress (P.O. Box Number is Not Acceptable)	
MELBOURNE FL 32940						
			84	City	85 Zip Co	ode
			1	]	FL   '	
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	Signature typed or printed name of registered agen	and tile if applicable. (NO	TE Registered Agr	ant signature requ	uired when reinstating) DATE	<del></del>
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12
TITLE 10-1	PRESIDENT, DELETE		1.1 TITLE		☐ Change	Addition
NAME	Donald Lees		1.2 NAME			
STREET ADDRESS	DAESS 47 Marijia Islan Blood		1.3 STREET	ADDRESS		
CITY-ST-ZIP			1.4 CITY - S	I-ZIP	Change	Addition
TITLE D-VP	Week tooking		21 TITLE	- 1	Li Change	L AUGILION
STREET ADDRESS	47 Marinia Islatished		2.2 NAME 2.3 STREET	4000000		
CITY-ST-ZIP	Think I do that AP 20 OF		2.3 STREET			
TITLE D - S	S Secritory DELETE		3.1 TITLE	21 Ell	☐ Change	Addition
NAME	Ap lane Conston		32 NAME		•	
STREET ADDRESS	5925 De Dixe Highway		3.3 STREET	ADDRESS		
CITY-ST-ZIP	Julyour 2 3246		3.4. CITY - 1 4.1 TITLE	ST-ZIP		
TITLE O-T	Treasurer	Treasurer of M DELETE			☐ Change	Addition
NAME	Drancis M/ Bralley		4, 2 NAME			
STREET ADDRESS	427 Fin Boilela Je		4.3 STREET			
City-St-ZiP	DELETE			ST-ZIP	Change	Addition
TITLE	☐ DELETE		5 1 TITLE	-	Change	Audition
STREET ADDRESS	FS2		5.2 NAME 5.3 STREET	ADDRESS		
CITY+ST-ZIP	1		5.4 CITY - S			
TITLE	DELETE		6.1 TITLE	1-411	Change	Addition
NAME			6.2 NAME		<u> </u>	
STREET ADDRESS			6.3 STREET	ADDRESS		}
CITY-ST-ZIP			6.4 CITY-S	l l		

14. Thereby 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 for 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 of the receiver or trustoe empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed on the receiver or trustoe empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

**FILED** 

Jun 25 1998 8:00am

Secretary of State