## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

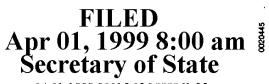
Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9700005406 1. Corporation Name

## SONSHINE INTERNATIONAL PUBLICATION, INC.

Principal Place of Business
427 TIMBER LAKE DR
MELBOURNE FL 32941

Mailing Address



04-01-1999 90015 026 \*\*\*\*61.25

427 TIMBER LA MELBOURNE F US									
Principal Place of Business     2a. Mailing Add			Address		3. Date Incorporated or Qualifed 09/22/1997				
21		26			4. FEI Number		- I An	olied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			59-3477165	. 2 .		Applicable	
22		City & State			30 0411 100		\$8.75 A		
City & Stat	e ·	28			5. Certifcate of Status Desired		Fee Re	quired	
Zip 24	Country	Zip 30	Country	<i>'</i>	Election Campaign Financing     Trust Fund Contribution		\$5.00 Added to		
	9. Name and Address of Current				10. Name and Address of New F	Registered A	\gent		
			81	Name					
BRADLEY, FRANCIS M			82	Street Add	dress (P.O. Box Number is Not Accepta	able)	_		
427 TIMBERLAKE DRIVE			<u></u>						
MELBOUR	NE FL 32940		83	1					
•			84	City		FL	85 Zip C	ode	
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 agent a	and title if anoliceble (NOTE: Re	enistered Anni	nt signature requir	red when reinstating)	DATE		<del></del> ]	
12.	OFFICERS AND		13.	in signaturo requi	ADDITIONS/CHANGES TO OF	**	DIRECTO	RS IN 12	
TITLE	DP OFFICERO ARE	☐ DELETE	1.1 TITLE				Change	☐ Addition	
NAME	LEES, DONALD		1.2 NAME						
	47 MARIA ISLES BLVD			T ADDRESS	•			.	
STREET ADDRESS	MELBOURNE FL		1.4 CITY-S				•		
CITY-ST-ZIP		☐ DELETE	2.1 TITLE	51-ZIP			Change	Addition	
TITLE	DS ALDEN ALDEN		1		*			_	
NAME	COULTON, ALREN ARIENE	•	2.2 NAME						
STREET ADDRESS	5925 OLD DIXIE HWY		1	TADDRESS			: - · ·		
-CITY-ST-ZIP	MELBOURNE FL		2. 4 CITY-	ST-ZIP			Change	Addition	
TITLE	DT	□ OELETÉ	3.1 TTTLE	}			□ Citange	C repossor.	
NAME	BRADLEY, FRANCIS		3.2 NAME						
STREET ADDRESS	427 TIM BERLAKE		3.3 STREE	TADDRESS		•		}	
CITY-ST-ZIP	MELBOURNE FL		3.4. CITY-	ST-ZIP	<u> </u>			n addition	
TITLE	DV	☐ DELETE	4.1 TITLE				Change	Addition	
NAME	LEES, LINDA		4. 2 NAME			·			
STREET ADDRESS	47 MARINA ISLE BLVD.		4.3 STREE	TADORESS				ļ.	
CITY-ST-ZIP	INDIAN HARBOR BCH. FL		4.4 CITY-S	T-ZIP	· · · · · · · · · · · · · · · · · · ·	•• .			
TITLE		☐ DELETE	5.1 TITLE		_ · .		☐ Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	TADDRESS	•			1	
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP	•				
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition	
NAME			6.2 NAME		•		•		
STREET ADDRESS	]		6.3 STREE	TADDRESS		•	A.	ĺ	
OTTU OF TO	•		6.4 CITY-5	ST-ZIP					

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: