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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N98000001040

1. Corporation Name
 SUNSHINE REGIONAL ASSOCIATION OF RSES, INC.

* 5 6 1 3 9 6 *
 561396 - 90086 - 13

Principal Place of Business
 112 W PINE AVE
 LONGWOOD FL 32750

Mailing Address
 112 W PINE AVE
 LONGWOOD FL 32750



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/28/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7094300
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	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	
WILLOCKS, NICHOLAS 112 W PINE AVE LONGWOOD FL 32750		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when ratifying)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNAHAN, CLIFF	1.2 NAME	
STREET ADDRESS	6908 DAETWYLER DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32812	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	STEINBERG, RICHARD	2.2 NAME	
STREET ADDRESS	572 NW FLORESTA	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D DELETE	3.1 TITLE	
NAME	THOMPSON, ERNEST III	3.2 NAME	
STREET ADDRESS	5797 AURORA COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33463	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	BACHNER, KENNETH	4.2 NAME	
STREET ADDRESS	4729 ARTHUR ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	Dan Annechino	5.2 NAME	
STREET ADDRESS	115 114th Ter. NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg, FL 33716	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/27/99 407-332-8788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)