FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 24, 2002 8:00 am Secretary of State

1. Entity Name		05-24-2002 91337 035 ***150.00		
Sunshine & Palms E	1			
			_	
DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business 1350 Orange Avenue			-	
Suite, Apt. #, etc. J # Suite 230	f, etc. U Suite, Apt. #, etc. U		DO NOT WRITE IN THIS SPACE	
City & State Winter Park FL	City & State Winter Park FL		4. FEI Number	Applied For Not Applicable
32789 Country	^{Zip} 32789 (Country		\$8.75 Additional Fee Required
J		Name	7. Name and Address of Current Reg	stered Agent
DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 1350 Orange Avenue				1
IN THIS SPACE				
9. The shave named antity submits this statement for	the purpose of changing its re-	City Winter		FL Zin Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State			Election Campaign Financi Trust Fund Contribution. tate	ng \$5.00 May Be Added to Fees
11. OFFICERS AND I	DIRECTORS	me		=======================================
NAME PID veronica Andreson	li i i i i i i i i i i i i i i i i i i			1120
Veronica Hina 2011 JEST ADDRESS 1350 Orange Avenue Suite 230 V.ST-21P Winter Park Fr 32789		STREET ADDRESS CJTY-ST-ZIP		CR2E034B (1201)
				SR2E
NAME Heurold Witsell STREET ADDRESS 2009 Westburne. C	55 2 ma west hourne Drive			
TITLE Oviedo FL 32765		CITY-ST-ZIP TITLE		
NAME .	,	NAME STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	7	CITY-ST-ZIP	DO NOT W	RITE
TITLE NAME		TITLE NAME	IN THIS SP	PACE
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE		TILE		
NAME STREET ADDRESS		NAME STREET ADDRESS		
CITY-ST-ZIP TITLE	warran bu ba 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	CITY-ST-ZIP TITLE		
NAME	:	NAME Street address		
STREET ADDRESS CITY-ST-ZIP		CLTY-ST-ZIP		
13. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.				
SIGNATURE: Veronica Anderson 4/30/02 407-740-7500 SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR Veronica Anderson Veronica Anderson				