

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morsham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # P34917

1. Corporation Name

SUNBURST FARMS, INC.

95 MAY -1 AM 6:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**2200 NW 70TH AVE
MIAMI, FLORIDA 33122**

**2200 NW 70TH AVE
MIAMI, FLORIDA 33122**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/11/88

3a. Date of Last Report
03/29/94

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

77-0175155

Applied For

Not Applicable

21. Suite, Apt. #, etc

26. Suite, Apt. #, etc

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under § 199.032
Florida Statutes ☐ yes ☒ no

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FREEMAN, STEPHEN A. ESQ.
SUITE O-305
520 BRICKELL KEY DRIVE
MIAMI, FLORIDA 33131**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (Typed or printed name of registered agent and the registered agent)

Signature (Typed or printed name of registered agent and the registered agent)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**PD
WYNPERLE, ABE
2200 NW 70TH AVE
MIAMI, FL 33122**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**VP
LACEY, KATHLEEN
2200 NW 70TH AVE
MIAMI, FL 33122**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

**200001482232
-05/10/95--01026--016
*****200.00 *****200.00**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**S
FREEMAN, STEPHEN A.
2200 NW 70TH AVE
MIAMI, FL 33122**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 this 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 12 or Block 13 or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 1995

**(305)
594-4300**