


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P38897 (5)
1. Corporation Name
SUNSHINE MATERIALS INC.

Principal Place of Business
P.O. BOX 1659
INVERNESS FL 32651

Mailing Address
P.O. BOX 1659
INVERNESS FL 34451-1659



2. Principal Place of Business 21 P.O. Box 1659 Suite, Apt. #, etc. 22 City & State 23 Inverness, Florida Zip 24 34451-1659		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 United States Country 30		3. Date Incorporated or Qualified 05/20/1992	3a. Date of Last Report 05/01/1996
				4. FEI Number 59-3106907	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DOWNES, NICHOLAS J
2461 EAST GULF-TO-LAKE HIGHWAY
INVERNESS FL 34453

10. Name and Address of New Registered Agent

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 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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BOURDEAUX, JOHN W. 3121 W. BERMUDA DUNES DRIVE LEACANTO GA	1.1 TITLE	D/P Nicholas J. Downes 10057 Twelve Oaks Court Weeki Wachee, FL 34613
NAME	AS WOLFE, LAWSON L SR 1275 W LAKESHORE DR CLERMONT FL 34711	1.2 NAME	S Patricia M. Petrach 18301 Hancock Bluff Road Dade City, FL 33523
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D GASPER, ANDREW 767 FIFTH AVE #4200 NEW YORK NY	2.1 TITLE	
NAME	CST DOWNES, NICHOLAS J 10057 TWELVE OAKS COURT WEBKI WACHEE FL	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed. I am attaching with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/97 (352) 726-1071

Date

Daytime Phone #

0440747

CR2E034 (9/96)