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

PROFIT CÖRPORATION ⊌ÄNNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P38897

SUNSHI	INE MATERIALS INC.							
Principal Plac	ca of Rusinese	Mailing Address			-	18111 1881 818 11 81811 818		
Principal Place of Business Mailing Address P.O. BOX 1659 P.O. BOX 1659 INVERNESS FL 34451-1659 INVERNESS FL 32651 US INVERNESS FL 32651				DO NOT WE	RITE IN THIS SPAC	Έ		
00					3. Date Incorporated or Qualifect			
					05/20/1992			
	Place of Business	2a. Mailing Address			4. FEI Number		Appli	ed For
21		26			59-3106907			pplicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Add ee Requ	
City & Star	te	City & State			Election Campaign Financing Trust Fund Contribution		5.00 Madded to F	
Zip	Country	Zip	Country		8. This corporation owes the cur			/
24	25	29	30		Personal Property Tax.	□ Ye		No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered Agent		•
DET	DACIL PATRICIA M		81	Name				
PETRACH, PATRICIA M 2461 EAST GULF-TO-LAKE HIGHWAY			82	Street Addre	ess (P.O. Box Number is Not Accep	table)		
INVE	ERNESS FL 34451-1659		83	 		COOKE		11 19
			84	City	And the second s	FL 85	Zip Co	de ***
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statute	es, the above-	named corpo	oration submits this statement for the		ing its reg	gistered
office or r	registered agent, or both, in the State of	of Florida: Such change was a	uthorized by the	he corporation	n's board of directors. I hereby acce	of the appointmen	as regis	inend
ाउँ agent. I a	am familiar with, and accept the obligati	ions of, Section 607.0505, Flor	rida Statutés.				•	rered
SIGNATURE	am familiar with, and accept the obligati	ions of, Section 607.0505, Flor	rida Statutes.					tered ,
SIGNATURE	am familiar with, and accept the obligati	and title if applicable. (NOTE:	rida Statutes.		when reinstating)	DATE		
ांड agent. I a	am familiar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	rida Statutes.		when reinstating)	DATE FICERS AND DIF		
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	ons of, Section 607.0505, Flor and title if applicable. (NOTE: D DIRECTORS	Registered Agent		when reinstating)	DATE FICERS AND DIF	ECTORS	6 IN 12
SIGNATURE 12. TITLE NAME	Signeture, typed or printed name of registered agent OFFICERS AND PD DOWNES, NICHOLAS J	ons of, Section 607.0505, Flor and title if applicable. (NOTE: D DIRECTORS	Registered Agent 13. 1.1 TITLE 1.2 NAME	signature required	when reinstating)	DATE FICERS AND DIF	ECTORS	6 IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signeture, typed or printed name of registered agent OFFICERS AND PD DOWNES, NICHOLAS J 10057 TWELVE OAKS CT	ons of, Section 607.0505, Flor and title if applicable. (NOTE: D DIRECTORS	Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET A	signature required	when reinstating)	DATE FICERS AND DIF	ECTORS	6 IN 12
SIGNATURE 12. TITLE NAME	Signeture, typed or printed name of registered agent OFFICERS AND PD DOWNES, NICHOLAS J	ons of, Section 607.0505, Flor and title if applicable. (NOTE: D DIRECTORS	Registered Agent 13. 1.1 TITLE 1.2 NAME	signature required	when reinstating)	DATE FFICERS AND DIF	ECTORS nange	6 IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signeture, typed or printed name of registered agent OFFICERS AND PD DOWNES, NICHOLAS J 10057 TWELVE OAKS CT WEEKI WACHEE FL	ons of, Section 607.0505, Flor and title if applicable. (NOTE: D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST-	signature required	when reinstating)	DATE FFICERS AND DIF	ECTORS nange	S IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PD DOWNES, NICHOLAS J 10057 TWELVE OAKS CT WEEKI WACHEE FL S PETRACH, PATRICIA M.	ons of, Section 607.0505, Flor and title if applicable. (NOTE: D DIRECTORS DELETE	Registered Agent 13. 1.1 TITLE 12 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE	signature réquired ADDRESS	when reinstating)	DATE FFICERS AND DIF	ECTORS nange	S IN 12 Addition
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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address, with all other like empowered.

6.4 CITY+ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Feb 16, 1999 8:00am

Secretary of State

02-16-1999 90014 046 ***150.00