

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000005042 (5)

1. Corporation Name

SUNSHINE PAY PHONES INCORPORATED



Principal Place of Business

Mailing Address

10965 SW 119 ST.
MIAMI FL 33176
US

P. O. BOX 16-2096
MIAMI FL 33116-2096
US

3. Date Incorporated or Qualified

01/19/1993

3a. Date of Last Report

01/31/1995

2. Principal Place of Business

2a. Mailing Address

21 12531 S.W. 115TH AVE

25

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23 MIAMI FL

28

Zip

Country

Zip

Country

24 33176

25 US

29

30

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRISTAS, STEVEN W
10964 SW 119 ST.
MIAMI FL 33176

81 Name

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

12531 SW 115TH AVE

83

84 City

MIAMI

FL

85 Zip Code

33176

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME SPRINGER, SUSAN
STREET ADDRESS 2334 NE 29TH ST.
CITY- ST- ZIP LIGHTHOUSE PT. FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

TITLE D ☐ DELETE
NAME PRISTAS, JUDITH A
STREET ADDRESS 10964 SW 119 ST.
CITY- ST- ZIP MIAMI FL

21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS 12531 SW 115TH AVE
24 CITY- ST- ZIP

TITLE D ☐ DELETE
NAME SPRECHER, MARILYNNE S
STREET ADDRESS 7462 SW 168 TERR.
CITY- ST- ZIP MIAMI FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

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)(k), 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, unchanged, or on an attachment with an address

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-96 305-251-5015
Date Day/Mo/Yr

CR2E034 (3/96)