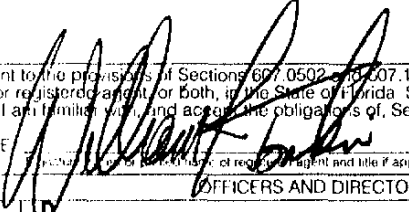
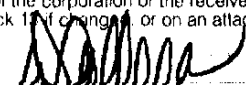


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000045674 (7)			
1. Corporation Name SUNNYSIDE MANAGEMENT CORPORATION			
Principal Place of Business 227 SE 8 STR OCALA FL 34471 US		Mailing Address 227 SE 8 STR OCALA FL 34471-4243 US	
2. Principal Place of Business 21 227 SE 8th Street Suite, Apt. #, etc. 22 City & State 23 Ocala FL Zip 24 34471 Country 25 USA		2a. Mailing Address 26 227 SE 8th Street Suite, Apt. #, etc. 27 City & State 28 Ocala FL Zip 29 34471 Country 30 USA	
9. Name and Address of Current Registered Agent WADE, DANIEL J 227 SE 8 STR OCALA FL 34471		10. Name and Address of New Registered Agent 81 Name Wade, Daniel J. 82 Street Address (P.O. Box Number is Not Acceptable) 227 SE 8th Street 83 84 City Ocala FL 85 Zip Code 34471	
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  DATE 4/9/97			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ☐ DELETE NAME TONKIN, WILLIAM J STREET ADDRESS 207 ATKINSON STREET CITY-ST-ZIP SAVANNAH GA		1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME ALBEA, DIANNE S. STREET ADDRESS 207 ATKINSON STREET CITY-ST-ZIP SAVANNAH GA		2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 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 or on an attachment with an address. SIGNATURE:  DATE 4-9-97 SIGNED AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #			



CR2E034 (9/96)