

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90100 044 \*\*\*150.00

DOCUMENT # P93000051797

1. Corporation Name

SUNSHINE FUNDING & INVESTMENTS, INC.



Principal Place of Business

3614 E MALORY CT  
COCOA FL 32926  
US

Mailing Address

POB 540396  
MERRITT ISLAND FL 32954  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1993

4. FEI Number

59-3197201

Applied For

Not Applicable

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21. 200 WILLARD ST.

Suite, Apt. #, etc.

22. #2F

City & State

23. COCOA, FL.

Zip

24. 32922

Country

25. USA

2a. Mailing Address

26. SAME (no changes)

Suite, Apt. #, etc.

27.

City & State

28.

Zip

29.

Country

30.

9. Name and Address of Current Registered Agent

LIEBERMAN, RONALD  
912 HIALEAH ST.  
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81. Name

LIEBERMAN, RONALD

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

7010 ACKERMAN AV.

83.

84. City

COCOA

FL

85. Zip Code

32927

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/99

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE  
NAME LIEBERMAN, RONALD  
STREET ADDRESS 912 HIALEAH STREET - 7010 ACKERMAN AV.  
CITY-ST-ZIP ROCKLEDGE FL 32955 COCOA, FL. 32927

TITLE SD ☐ DELETE  
NAME LIEBERMAN, GINGER  
STREET ADDRESS 912 HIALEAH ST. - 7010 ACKERMAN AV.  
CITY-ST-ZIP ROCKLEDGE FL COCOA, FL. 32927

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 I changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

*[Signature]* President  
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/99

407-639-4003

CR2E034 (11/98)