

**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 # **P93000057809 (4)**
1. Corporation Name

SUNSHINE ADULT DAY CARE, INC.



Principal Place of Business Mailing Address
549 RANTOUL LANE LAKE MARY FL 32746 **549 RANTOUL LANE LAKE MARY FL 32746**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/18/1993	3a. Date of Last Report 07/18/1995
21. Suite, Apt #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 59-3197198	Applied For Not Applicable
25. Suite, Apt #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. Suite, Apt #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
33. Suite, Apt #, etc.	34. City & State	35. Zip	36. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RICHBURG, NATHANIEL I 549 RANTOUL LANE LAKE MARY FL 32746				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 _____ (NAME) Registered Agent signature required when reappointing. (DATE)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		11. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHBURG, NATHANIEL I			12. NAME			
STREET ADDRESS	549 RANTOUL LANE			13. STREET ADDRESS			
CITY - ST - ZIP	LAKE MARY FL 32746			14. CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOPER, BILL M			22. NAME			
STREET ADDRESS	1850 LAKESHORE CIR			23. STREET ADDRESS			
CITY - ST - ZIP	LONGWOOD FL 32750			24. CITY - ST - ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOPER, LILA P			32. NAME			
STREET ADDRESS	1850 LAKESHORE CIR			33. STREET ADDRESS			
CITY - ST - ZIP	LONGWOOD FL 32750			34. CITY - ST - ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHBURG, CAROLYN B			42. NAME			
STREET ADDRESS	549 RANTOUL LANE			43. STREET ADDRESS			
CITY - ST - ZIP	LAKE MARY FL 32746			44. CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52. NAME			
STREET ADDRESS				53. STREET ADDRESS			
CITY - ST - ZIP				54. CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62. NAME			
STREET ADDRESS				63. STREET ADDRESS			
CITY - ST - ZIP				64. CITY - ST - ZIP			

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***225.00

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, 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 if changed, in an attachment with an address.

SIGNATURE: *Nathaniel I. Richburg* August 1, 1996 407-322-6831
Nathaniel I. Richburg, President

CR2E034 (3/96)

Handwritten initials/signature