

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 17 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 # P93000057809 (4)

1. Corporation Name  
 SUNSHINE ADULT DAY CARE, INC.



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 441 E Airport Blvd		26 1850 LAKESHORE CIR.		08/18/1993	08/08/1996
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied for
23 Sanford, Fla.		28 LONGWOOD, FLA.		59-3197198	Not Applicable
24 32773		29 32750		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Seminole		30 Seminole		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
7. Name and Address of Current Registered Agent				8. Yes <input type="checkbox"/> No <input type="checkbox"/>	

7. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
RICHBURG, NATHANIEL 549 RANTOUL LANE LAKE MARY FL 32746		B1 Name	BILL M. COOPER PRES.		
		B2 Street Address (P.O. Box Number is Not Acceptable)	1850 LAKE SHORE CIR.		
		B3			
		B4 City	FL	B5 Zip Code	32750

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: Bill M. Cooper  
 Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE: 9-10-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETED	1.1 TITLE	BILL M COOPER PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHBURG, NATHANIEL	1.2 NAME	
STREET ADDRESS	549 RANTOUL LANE	1.3 STREET ADDRESS	1850 LAKESHORE CIR.
CITY-ST-ZIP	LAKE MARY FL 32746	1.4 CITY-ST-ZIP	LONGWOOD, FLA 32750
TITLE		2.1 TITLE	LILA P. COOPER SECRETARY AND <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, BILL M PRES.	2.2 NAME	
STREET ADDRESS	1850 LAKESHORE CIR	2.3 STREET ADDRESS	1850 LAKESHORE CIR. TREASURER
CITY-ST-ZIP	LONGWOOD FL 32750	2.4 CITY-ST-ZIP	LONGWOOD, FLA 32750
TITLE	DELETED	3.1 TITLE	
NAME	COOPER, LILA P Sec & Treas.	3.2 NAME	
STREET ADDRESS	1850 LAKESHORE CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	3.4 CITY-ST-ZIP	
TITLE	DELETED	4.1 TITLE	
NAME	RICHBURG, CAROLYN B	4.2 NAME	
STREET ADDRESS	549 RANTOUL LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746	4.4 CITY-ST-ZIP	
TITLE	DELETED	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETED	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: Bill M. Cooper  
 Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE: 9-10-97

CR2E034 (4/97)