

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

APPROVED
AND
FILED
* AMENDED ANNUAL REPORT *

1996 NOV -6 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000073100
1. Corporation Name

SUNNY TOO, INC.

Principal Place of Business
1902 Tigertail Blvd.
Dania, FL 33004

Mailing Address
3800 N.E. 2nd Ave.
~~Miami~~
Miami, FL 33137

2. Principal Place of Business
21 1902 Tigertail Blvd.

2a. Mailing Address
26 3800 N.E. 2nd Ave.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
Dania, FL

28 City & State
Miami, FL

24 Zip 33004 Country USA

29 Zip 33137 Country USA

3. Date Incorporated or Qualified

10/21/93

3a. Date of Last Report

5/1/96

4. FEI Number

65-0450500

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

Lawrence M. Kasen, PA
2121 Ponce de Leon Blvd. #640
Coral Gables, FL 33145

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST
NAME Alison McLean
STREET ADDRESS 3800 N.E. 2nd Ave
CITY-ST-ZIP Miami FL 33137

TITLE D
NAME Chris Muller
STREET ADDRESS 6301 SW Shore Blvd. #1206
CITY-ST-ZIP Tampa, FL 33616

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP
1.2 NAME VICE-PRESIDENT
1.3 STREET ADDRESS MICHAEL DOWD
1.4 CITY-ST-ZIP 4576 S.W. 26th Ter.
Ft. Lauderdale, FL 33312

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-96

305 573 5943

Date

Daytime Phone #

CR2E034 (3/96)