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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Gandra B. Morrison
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 28 PM 2: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000012326 (2)

1. Corporation Name

SUNSHINE CITY PROPERTIES, INC.

Principal Place of Business

%SCUTILLO & BLAKE
8000 N. UNIVERSITY DR.
FT. LAUDERDALE FL 33321-2118

Mailing Address

%SCUTILLO & BLAKE
8000 N. UNIVERSITY DR.
FT. LAUDERDALE FL 33321-2118

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1994

3a. Date of Last Report

2. Principal Place of Business

21. 40 ARTHUR T. TENENBAUM & CO.

2a. Mailing Address

26. 40 ARTHUR T. TENENBAUM & CO.

4. FEI Number

65-0468104

Applied For

Not Applicable

22. Suite, Apt. #, etc. 915 MIDDLE RIVER
DRIVE, SUITE 500.

27. Suite, Apt. #, etc. 915 MIDDLE RIVER
DRIVE, SUITE 500.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23. City & State
FORT LAUDERDALE, FLORIDA

28. City & State
FORT LAUDERDALE, FLORIDA

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24. Zip

Country

29. Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SCUTILLO, BARRY C
8000 N. UNIVERSITY DR.
FT. LAUDERDALE FL 33321-2118

10. Name and Address of New Registered Agent

81. Name 40 ARTHUR T. TENENBAUM & COMPANY

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

915 MIDDLE RIVER DRIVE

SUITE 500

84. City FORT LAUDERDALE

FL

85. Zip Code 33304

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 Hy Kranowitz, Partner

4/25/95

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME WILLIAMS, PRUE
STREET ADDRESS %8000 N. UNIVERSITY DR.
CITY, ST, ZIP FT. LAUDERDALE FL 33321

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE PSD ☐ Change ☐ Addition

12. NAME WILLIAMS, PRUE

13. STREET ADDRESS 40 ARTHUR T. TENENBAUM & COMPANY

14. CITY, ST, ZIP 915 MIDDLE RIVER DRIVE, SUITE 500

FORT LAUDERDALE, FLORIDA 33304

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

31. TITLE ☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

41. TITLE ☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY, ST, ZIP

51. TITLE ☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY, ST, ZIP

61. TITLE ☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

64. 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)(b), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed Name