

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:21

DOCUMENT # P94000021678 (5)

1. Corporation Name

SUNNYSIDE FINANCIAL SERVICES, INC.

Principal Place of Business

1250 E. HALLANDALE BEACH BLVD.
SUITE 1005-A
HALLANDALE FL 33009

Mailing Address

1250 E. HALLANDALE BEACH BLVD.
SUITE 1005-A
HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/21/1994

3a. Date of Last Report
N/A

4. FET Number

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

2. Principal Place of Business

21 1201 S. Ocean Drive

2a. Mailing Address

26 clu David Wallach

Suite, Apt., #, etc.

22 # 1904-N

Suite, Apt., #, etc.

27 1201 S. Ocean Dr #1904-N

City & State

23 Hollywood, FL

City & State

28 Hollywood, FL

Zip

24 33019

Country

25 USA

Zip

29 33019

Country

30 USA

9. Name and Address of Current Registered Agent

WALLACH, DAVID H
1250 E. HALLANDALE BCH BLVD., #1005-A
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name

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

1201 S. Ocean Dr.

83 #1904-N

84 City Hollywood

FL

85 Zip Code 33019

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 of Registered Agent (print name of registered agent and their signature)

NOTE: Registered Agent (print name of registered agent and their signature)

DATE

12. OFFICERS AND DIRECTORS

1111 DP
NAME WALLACH, DAVID H
STREET ADDRESS 1250 E. HALLANDALE BEACH BLVD., #1005-A
CITY, ST, ZIP HALLANDALE FL 33009

1112 V
NAME ECONOMOU, PETER
STREET ADDRESS 1250 E. HALLANDALE BEACH BLVD., #1005-A
CITY, ST, ZIP HALLANDALE FL 33009

1113 ST
NAME CONTRERAS, RUTH
STREET ADDRESS 1250 E. HALLANDALE BEACH BLVD., #1005-A
CITY, ST, ZIP HALLANDALE FL 33009

1114
NAME
STREET ADDRESS
CITY, ST, ZIP

1115
NAME
STREET ADDRESS
CITY, ST, ZIP

1116
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1111 ☒ Change ☐ Addition
1112 NAME
1113 STREET ADDRESS 1201 S. Ocean Drive Apt 1904N
1114 CITY, ST, ZIP Hollywood, FL 33019

1115 ☒ Change ☐ Addition
1116 NAME No longer with
1117 STREET ADDRESS Company

1118 ☒ Change ☐ Addition
1119 NAME No longer with
1120 STREET ADDRESS Company

1121 ☐ Change ☐ Addition
1122 NAME
1123 STREET ADDRESS

1124 ☐ Change ☐ Addition
1125 NAME
1126 STREET ADDRESS

1127 ☐ Change ☐ Addition
1128 NAME
1129 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law that 199.032, 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 owner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, 2, or 3 of this filing, or on an attached with an address.

SIGNATURE:

DAVID WALLACH - Dir.

2/16/95

505-421-9633