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Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90020 017 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000025482

1. Corporation Name

SUNSHINE CLASSICS SPORTSCARS, INC.

Principal Place of Business

2676 NORTH ORANGE BLOSSOM TRAIL
KISSIMMEE FL 34741

Mailing Address

2676 NORTH ORANGE BLOSSOM TRAIL
KISSIMMEE FL 34741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1994

4. FEI Number

59-3229933

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARKE, STEVE
419 OTTER CREEK DR
KISSIMMEE FL 34743

1480 Patricia St
Kissimmee, FL 34744

81 Name

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

83

84 City

FL

85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	CLARK, STEVEN D	1.2 NAME	STEVEN D. CLARKE
STREET ADDRESS	1480 PATRICIA STREET	1.3 STREET ADDRESS	3700 W. NEW NOLTE ROAD.
CITY-ST-ZIP	KISSIMMEE FL 34744	1.4 CITY-ST-ZIP	ST. CLOUD, FLORIDA 34772
TITLE	VP	2.1 TITLE	VP
NAME	CLARK, CHRISTINE	2.2 NAME	CHRISTINE CLARKE
STREET ADDRESS	1480 PATRICIA STREET	2.3 STREET ADDRESS	3700 W. NEW NOLTE ROAD
CITY-ST-ZIP	KISSIMMEE FL 34744	2.4 CITY-ST-ZIP	ST. CLOUD, FLORIDA 34772
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

C. CLARKE - VP.

407-932-1844

5-18-99

Daytime Phone #

CR2E034 (11/98)