FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

Jan 24 1997 8:00am Secretary of State

FILED

1997

DOCUMENT # P9400039001 (0)

SUNNY DAZE, INC.

Principal Place of Business Mailing Address				1 12015201 110 10114 83E11 8E115 03111 0D	ill Maide blite tütti datit aarat tiat taat	
8909 NW 38 DR CORAL SPRINGS FL 33065		8909 NW 38 DR CORAL SPRINGS FL 33085-4319				
					3. Date Incorporated or Qualified	3a. Date of Last Report
					05/18/1994	01/25/1996
2. Principal Pla	ace of Business	2a. Mailing Address		ull. cL	4. FEI Number	Applied For
21 2199	NW 2440 24		MM ~	4th St	65-0494644	Not Applicable
Suite, Apt ≇	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 (Y) State	Springs FL	28 COrou Spi	ings	FC	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
ر المراجعة	Country	7/2	Cour		8. This corporation has liability for	
24 221	US 25 MSK	29 (20)	30	USA	Florida Statutes 10. Name and Address of New R	Yes No
	g, Name and Address of Curren	it Hegistered Agent		31 Name	10. Name and Address of New H	agistered Agent
	AOSSE, JOANNE		Į.	JI Hamo		
4014 NW 73 AVE CORAL SPRINGS FL 33065			Į.	82 Street Address (P.O. Box Number is Not Acceptable)		
				33		
		•		34 City		FL 85 Zip Code
office or re	o the provisions of Sections 607.050 agistered agent, or both, in the State in familiar with, and accept the obligi	of Florida, Such change was	authorized	by the cornu	corporation submits this statement for the oration's board of directors. I hereby accoration	purpose of changing its registered apt the appointment as registered
SIGNATURE	Signatus - typed or produce came of rugistered ago	CALC	MC flunisland	Amont singulario s	equired when reinstating)	DATE
12.	OFFICERS AN		13.	Agent signature i	ADDITIONS/CHANGES TO OFF	
TITLE	D	DELETE	1.1 7071	Æ		Change Addition
NAME	SILVA, ADAM J		1.2 NA	Æ.		
STREET ADDRESS	8909 NW 38 DR		1.3 STF	EET ADDRESS		
CITY - ST - ZIP	CORAL SPRINGS FL 33065		1.4 CIT	Y-ST-ZIP	•	
TITLE	D	DFLETE	2 1 TITI	····		Change Addition
NAME	SILVA, JAMIE		2 2 NA	AE		
STREET ADDRESS	8909 NW 38TH DRIVE		2 3 STF	EET AODRESS	•	
Cify - \$1 - 2IP	CORAL SPRINGS FL		2 4 00	Y-ST-ZIP	•	
TILE		DELETE	3.1 TiTi	.F	-	; Change Addition
NAME:			3 2 NA	ME		
STREET ADDRESS			3 3 5 1 5	EET ADDRESS		
C!TY-ST-2IP			3,4, 01	Y-ST-ZIP		
אַזיון		☐ DELETE	4 1 TIT	.E		Change Addition
NAME			4 2 NA	ME		
STREET ADDRESS			4.3 STF	EET ADDRESS	1	
C:TY - ST - ZIP			4.4 CIT	Y-ST-ZIP		
11 ^r LF		☐ DELETE	5 1 TIT	.E		Change Addition
NAMÉ			5.2 NA	ME .		
STREET ADDRESS			5.3 STF	EET ADDRESS		
Crty - St - ZiP		· · · · · · · · · · · · · · · · · · ·	5.4 CIT	Y-ST-ZIP		
TITLE		☐ DELETE	6.1 TIT	.E]		Change Addition
NAMÉ			6 2 NA	ΛE		
STREET ADDRESS			6.3 STF	EET ADORESS		
CITY-ST-ZIP				Y-ST-ZIP		
14. I do hereb	by certify that the information supplie	d with this filing does not qua	alify for the c	exemption sta	ated in Section 119.07(3)(i), Florida Statut that my signature shall have the same led	es. I further certify that the

information indicated on this annual report or suppremental 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 of 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 qr an littachment with an address.

SIGNATURE:

mushul cunic

11719-

(954)755-1277