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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

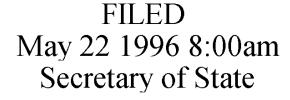
P94000049021 **DOCUMENT #**

SUNSHINE RESIDENCE FOR ELDERLY

Principal Place of Business

Mailing Address

1754 N.W. 6 STREET, 33125.-FL,



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' •					06/27/94	·		
2. Principal Pla	Place of Business 2a. Mailing Address 26				4. FEI Number 65-0503834	Applied For Not Applicable		
Suite, Apt. #					5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State					6. Election Campaign Financing	\$5.00 May Be		
23 28					Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Country	,	8. This corporation has liability for intangible tax of	under's 199.032,		
24	25		30		Florida Statutes Yes No			
9, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent 81 Name				
P- PEDRO MORALES								
			82	82 Street Address (P.O. Box Number is Not Acceptable)				
. 1	1754 N.W. 6 STREET, MIAMI, FL, 33125			63				
M								
1.0			84	City	FL	85 Zip Gode		
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 May 16,1996.—								
SIGNATURE	Sgnature, typed or printed name of registered as yant an	d title it applicable (NOTE:	Hegistered Age	nt signature requ	med when reinstating) DATE	,1996		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND D			
TILE	President,	DELETE	1 1 THILE		President,	Change Addition		
≱ AME	Pedro Morales		1.2 NAME	i	Pedro Morales			
			1.3 STREET		1754 N.W. 6 Street,			
CITY-ST-ZIP	Hialeah, F1,	33125	1.4 CITY- 5	31 - ZIP	Hialeah, Florida, 3312			
TITLE		DELETE	2 1 TITLE			Change 🔲 Addition		
NAME			2 2 NAME	l				
STREET ADDRESS			2.3 STREET	1				
CITY-ST-ZIP		C Division	2.4 CITY - 5	ST - ZIP		Change D Addition		
TITLE		□ DELETE	3. 1 1ITCE		L	Change 🔲 Addition		
NAME ATOTET (BARKOS			3.2 NAME	1000000				
STREET ADDRESS			1	I ADDRESS				
CITY-ST-ZIP TITLE		[□] DELETE	3.4 CITY - 5 4. 1 TITLE	01-ZIP		Change Addition		
NAME			4.2 NAME			onange		
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - 9			_		
TITLE		DELETE	5. 1 TITLE		10000183583 -05/23/9601003042	Clange 🔲 Addition		
NAME			52 NAME	Į	***225.00	[
STREET ADDRESS			5.3 STHEET	ADDRESS	ホホホにとう。UU			
CITY-ST-ZIP			5.4 CITY - 5	31- ZIP				
TITLE		DELETE	6. 1 TALÉ			Change		
NAME			6.2 NAME	ļ				
STREET ADDRESS			63 STREET	ADDRESS		12		
CITY-ST-ZIP		1. AT 1. Apr. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	6.4 CITY - S		7.10	$ \downarrow$ $ \cap$ \uparrow		
certify that oath; that I	the information indicated on this annual	report or supplemental annual tion or the receiver or trustee ε	Freport is tru Impowered	ie and accu	not the exemption stated in Section 119.07(3)(k), Florid rate and that my signature shall have the same legal off his report as required by Chapter 607, Florida Statutes;	ect do if made down		

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 16,1996