

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
3900 W. B. WALKER BLVD.
TALLAHASSEE, FLORIDA 32310-0001

**APPROVED
AND
FILED**

DOCUMENT # P94000056575 (1)

05 MAY - 1 14 5:25

SUNSHINE ENTERPRISES OF ORLANDO, INC.

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

378 SOUTHERN CHARM DR.
ORLANDO FL 32807

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ORLANDO FL 32807

Contact With The Dept. of State

3. Date of Incorporation (2 digit)	3a. Date of Last Report
07/29/1994	
4. Filing Number	Applied For (not Applicable)
59-3861672	
5. Certificate of Status (Serial)	\$8.75 Additional Fee Required
6. Election Campaign Financial Fund Contribution	\$5.00 May Be Added to Fees
8. Does corporation have equity and distribution tax credits (Florida Statutes)	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Office (City)	2a. Mailing Address
21. State of Incorporation	26. State of Incorporation
22. City	27. City
23. County	28. County
24. ZIP	29. ZIP
25. State	30. State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REYES, LUIS O
378 SOUTHERN CHARM DR.
ORLANDO FL 32807

B1. Name	B5. Zip Code
B2. Street Address (P.O. Box Number is Not Acceptable)	FL
B3. City	
B4. City	

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation satisfies this statement for the purpose of changing its registered office to the address above stated in the State of Florida. The foregoing was prepared by the corporation's Board of Directors, I hereby accept the appointment as registered agent. I am familiar with the laws of the State of Florida, and the laws of the State of Florida Statutes.

12. OFFICERS AND DIRECTORS

NAME	D REYES, LUIS O 378 SOUTHERN CHARM DR. ORLANDO FL 32807
NAME	D DAVILA, GALINA 378 SOUTHERN CHARM DR. ORLANDO FL 32807
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	

13. ADDITIONS CHANGE TO OFFICERS AND DIRECTORS IN:

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and that I am qualified to serve as the registered agent for the corporation named in this filing. I am familiar with the laws of the State of Florida, and the laws of the State of Florida Statutes. I hereby accept the appointment as registered agent. I am familiar with the laws of the State of Florida, and the laws of the State of Florida Statutes.

SIGNATURE: *Luis O Reyes*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-95 407-311-2265