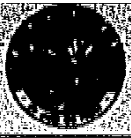


**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

95 APR -4 AM 7:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000057067 (8)**

1. Corporation Name  
**SUNSHINE IMPORTS, INC.**

Principal Place of Business: **1800 CORPORATE BLVD- BOCA RATON FL 33431**  
Mailing Address: **1800 CORPORATE BLVD. BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/01/1994**  
3a. Date of Last Report

21	2a. Mailing Address	26	2b. Mailing Address
	6636 N.W. 24 AVE		6636 N.W. 24 AVE
22	27. City & State	27	27. City & State
	BOCA RATON FL		BOCA RATON FL
24	24. Zip	25	25. Country
	33496		USA
29	29. Zip	30	30. Country
	33496		USA

4. FEE Number: **65-0509500**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE FL 32304**

81 Name: **William Abel**  
82 Street Address (P.O. Box Number is Not Acceptable): **6636 N.W. 24 AVE**  
83 City: **BOCA RATON, FL**  
84 City: **BOCA RATON, FL**  
85 Zip Code: **33496**

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: *W.S. Abel*

DATE: **3/20/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>
NAME	<b>ABEL, WILLIAM</b>
STREET ADDRESS	<b>1800 CORPORATE BLVD.</b>
CITY, ST, ZIP	<b>BOCA RATON FL 33431</b>
TITLE	<b>D</b>
NAME	<b>ABEL, SYDNEE K</b>
STREET ADDRESS	<b>1800 CORPORATE BLVD.</b>
CITY, ST, ZIP	<b>BOCA RATON FL 33431</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>6636 N.W. 24 AVE</b>
14 CITY, ST, ZIP	<b>BOCA RATON, FL 33496</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>6636 N.W. 24 AVE</b>
24 CITY, ST, ZIP	<b>BOCA RATON, FL 33496</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 correct, or on an attachment with an addition.

SIGNATURE: *W.S. Abel*  
SIGNATURE AND TYPED OR PRINTED NAME OF DUTYING OFFICER OR DIRECTOR  
**William S. Abel**

DATE: **3/20/95**  
407 241 1004  
Tallahassee, Florida