

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90002 037 ***150.00

08-11-1999 90006 050 ***400.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000075437					
1. Corporation Name SUNSHINE SOUTH, INC.					
Principal Place of Business 150 AMY ANN LANE VERO BEACH FL 32963			Mailing Address 150 AMY ANN LANE VERO BEACH FL 32963		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 10/10/1994	
24		25		4. FEI Number 65-0528448	
26		27		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
28		29		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
30		31		8. This corporation owes the current year Intangible Personal Property. ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent CARTER, MARTIN H 150 AMY ANN LANE VERO BEACH FL 32963			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME D CARTER, MARTIN H STREET ADDRESS 150 AMY ANN LANE CITY-ST-ZIP VERO BEACH FL 32963	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE / NAME D CARTER, BEVERLY B STREET ADDRESS 150 AMY ANN LANE CITY-ST-ZIP VERO BEACH FL 32963	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE / NAME D BOOZE, WILLIAM C STREET ADDRESS 140 AMY ANN LANE CITY-ST-ZIP VERO BEACH FL 32963	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE / NAME D BOOZE, LOUISE O STREET ADDRESS 140 AMY ANN LANE CITY-ST-ZIP VERO BEACH FL 32963	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE / NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE / NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition		
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.					
SIGNATURE: _____ DATE: 7/14/99 Daytime Phone # _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (5/99)