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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P94000086099

SUNSHINE ON SUNSET INVESTMENTS, INC.

Principal Place of Business	Mailing Address	•	•:
51 S.W. 9TH STREET MIAMI FL 33130	51 S.W. 9TH STREET MIAMI FL 33130	٠.	

## May 20 1998 8:00am Secretary of State



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Principal Place	e of Business	Mailing Address			*:	1 inditiate ten inere niete anter anter anter anter	1841 <b>0</b> 81111 88118	18119 1911 1891
51 S.W. 9TH STREET 51 S.W. 9TH STREET		,	*,					
MIAMI FL 33130 MIAMI FL 33130					DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified		
						11/22/1994		
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21		26				65-0562688	N	ot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		27				S. Continuate of Dialog Desired	Fee R	equired
City & State	9	City & State				6. Election Campaign Financing		May Be
23	Country	28	Cou	rote		Trust Fund Contribution		to Fees
Zip	Country 25	Zip	30	ишу		8. This corporation owes or has paid the cu Personal Property Tax due June 30.		tangible     No
24	Name and Address of Curre	Limb	30		<del>-</del>	10. Name and Address of New Registered		
D	UYANIC, MAX D			81	Name			
	1 S.W. 9TH STREET			00	Chant Adde	/D O. Dou Mumb or in filet Assessable)		
	IAMI FL 33130			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
***	, and the second			83				
				84	City		Int Zio	Code
				04	City	Fl	- 85 Zip	Code
11. Pursuant	to the provisions of Sections 607 05	02 and 607.1508, Florida Statute	s, the at	oove-	named corp	oration submits this statement for the purpose of the purpose of directors. I hereby accept the an	of changing i	ts registered
agent. I a	egistered agent, or born, at the state m <mark>famili</mark> ar with, and accept the oblic	alions of Section 607.0505, Flo	rida Stat	utos.	the corporate	ion's board of directors. I hereby accept the ap	pointinent as	registered
SIGNATURE								
	Signature types or prented name of trig stered ag			d Agent	t signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	20 10 10
12.	VTD OFFICERS AN	ID DIRECTORS DELETE	13. 1.1 TC	ILE		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
NAME	RUSSELL, BERTOLD	La bittit	1.2 NAME				onango	
STREET ADDRESS	51 SW 9 ST		1.3 STREE		nnaess			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-					
TITLE	D	☐ DELFTE	2.1 TI		<u></u>		Change	Addition
NAME	RICHARD BERTOLD		2.2 NAME					
STREET ADDRESS	28405 S.W. 170 AVE.			2.3 STREET ADDRESS				
CITY-ST-ZIP	HOMESTEAD FL		2.4 C	ITY - ST	- ZIP			
TITLE	D	☐ DELETE	3 1 TI	1LE			☐ Change	☐ Addition
NAME	WILLIS H. FLICK, JR.		3.2 NA	\ME				
STREET ADDRESS	9250 S.W. 90 ST.		3.3 STREE		DDRESS			
CITY-ST-ZIP	MIAMI FL			TY-ST	- 71P	<del>_</del> <del>_</del>	T (6)	1 4 4 4 9 7 2 2
TITLE		L] DELETE	4.1 TJ				Change	☐ Addition
NAME			4. 2 N					
STREET ADDRESS			4.3 STREET		ļ			
CITY-ST-ZIP	<del></del>	DELETE	4.4 CHY- 5.1 TITLE		· 2IP		Change	Addition
TITLE NAME		L. Otter	5.2 NA				- Sumpo	
STREET ADDRESS					DDRESS			Į
CITY-ST-ZIP			1	TY-S1-	Ī			ŀ
TITLE		☐ DELETE	6111				Change	Addition
NAME			62 NA					
STREET ADDRESS			1		ODRESS			
CITY-ST-ZIP				IY-SI-	ļ			
<del></del>								

14. Thereby 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 occiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or or an attachment with an address.