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

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** P95000014038 (0)

SUNSHINE PROPERTIES OF SOUTHWEST FLORIDA, INC.

**FILED** Apr 10 1996 8:00 am Secretary of State



Principal Place of Businoss  201 NORTH FRANKLIN ST. SUITE 2100 TAMPA FL 33602		Mailing Address	Mailing Address						
		201 North Franklin S Suite 2100 Tampa Fl 33602							
						3. Date Incorporated or Qualified 02/17/1995	3a. Date	of Last Report	
k	ace of Business	2a. Mailing Address	F==1			4. FET Number		Applied For	
Suite Art # etc		26 P.O. Box				59-3306994		Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Γ'n	\$8.75 Additional	
City & State			City & State					Fee Required	
23		· ····	28 Tampa, Florida			<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>		<b>\$5.00</b> May Be	
Zφ	Country	Zip	Country			8. This corporation has liability for i		Added to Fees	
24	25	29 33601	30			Florida Statutes  Yes		x under \$ 199.032,	
	9. Name and Address of (	Surrent Registered Agent	<u> </u>		1	10. Name and Address of New R		Agent	
			81	Nam					
	r, stephen l		82	Stree	et Addres	s (P.O. Box Number is Not Acceptab	Je.)		
	ranklin st.		"	Olice	A Addings:	s (r. co. cox number is not Acceptan	неу		
SUITE 21			83						
TAMPA F	EL 33602		84	City				T-1"= - 5	
				•			FL	85 Zip Code	
		7.0502 and 607.1508, Florida Statutes of Florida. Such change was authorized f, Section 607.0505, Florida Statutes.	s, the above-n d by the corpo	amed oration	corporation's board o	on submits this statement for the pur of directors. Thereby accept the appo	pose of cha pintment as	nging its registered office registered agent. I am	
SIGNATURE _		, 00010 . 00 . 10000, . 10 . 00 . 01000.							
	Signature, typed or printed have of register	ed agont and stic if applicable. (NOTE	L. Registered Ages	i syriatun	ne required wh	en renstatngi	TAG		
12.		RS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS IN 12	
TITLE	D	DELETE	1 1 TallE		D/I	P/S/T		Change 😡 Addition	
NAME	AN DER LAN, WOLFGAN		1.2 NAME						
STREET ADDRESS	% 201 N. FRANKLIN ST.	, STE. 2100	1.3 \$1REE1	ADOFESS	5				
CHY-ST-ZIP	TAMPA FL 33602		1.4 CITY-S	- 2iP	_				
7:TLF		Defete	2 1 TITLE		VP			Change 🔼 Addition	
NAME			2.2 NAME		Ste	phen J. Mitchel	1		
STREET ADDRESS			2 3 STREET	ADDRESS	100	N. Franklin c+	0	44. 0200	
CITY+S1-ZIP TITLE	j		2.4 CITY-S1	- ZIP	Tam	pa, FL 33602			
	i	DELETE	a 1 litus		j			Change 🔲 Addition	
NAME CTUELL ADDOCCO			3 2 NAME						
STREET ADDRESS			33 STREET		\$				
CITY-ST-7IF TITLE		C'E DO ETC	3.4 CITY - S1	ZVP	ļ				
NAME		DELETE	4 1 TITLE				L	Change 🔲 Addition	
STHEET ADDRESS			4.2 NAME						
			43 STREET		,	Enno	<u></u>		
CITY-ST-ZIP TITLE		DELETE	5 1 TILLS	- 7IP		<u> ついけけけすす。</u> = 1/4 / 1 <del>1 / 00 2 2 10 1 /</del>	(\$9 <u>J</u>	<u> </u>	
NAME		Пист				50000177 -04711795010 ***200.00	/ ] ] ~ ~ [J <sub>d</sub>	Change Addition	
STHELF ADDRESS			5.2 NAME	217105	Ì	**************************************			
CITY-S1-ZIP			5 3 STREET A		•				
THE		DELETE	5 4 CITY- ST	- ZIP		<del></del>			
NAME			6 1 THILE				L	Change Addition	
STREET ADDRESS			6.2 NAME		İ		H	-10-96	
			63 STREFT A				<b>'</b> 1	-10-96 12	
14. I do hereby	certify that the information sum	stind with this floor in the Late Co.	6 4 City St	71f'	_Ļ,,		<u> </u>		

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)(k). Fiorida 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 un an attay hinest with an address.

SIGNATURE: SIGNATURE AND THED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

813/229-3321

CR2E034 (12/95)