

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 95000031407

1. Corporation Name
SUNSHINE MEDIA REMARKETING, INC.

Principal Place of Business: **914 E. PALMETTO AVE. MELBOURNE, FL 32901**
Mailing Address:

2. Principal Place of Business
21 **1879 W. NEW HAVEN AVE.**
State, Apt. #, etc.
22 **W. MELBOURNE, FL**
City & State
23 **32904** Zip
County **BREVARD**
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3. Date Incorporated or Qualified **4-21-95**
3a. Date of Last Report
4. FIM Number **59-3327743**
Applied For Not Applicable
5. Certainty of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$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

WILLIAM J. NEALE
914 E. PALMETTO AVE.
MELBOURNE, FL 32901

10. Name and Address of New Registered Agent

81 Name **THOMAS W. DERNIS**
82 Street Address (P.O. Box Number is Not Acceptable) **47 W. NEW HAVEN AVE #200**
83
84 City **MELBOURNE** FL 85 Zip Code **32901**

11. Pursuant to the provisions of Sections 607.00(2) and 607.15(9), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent or registered agent of record in the State of Florida, and such change was authorized by the corporation's board of directors. They accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.00(9), Florida Statutes.

SIGNATURE:

3-26-96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETED
NAME	DONALD L. RUFFOLO	
STREET ADDRESS	5224 N.W. 85TH TERRACE	
CITY, ST, ZIP	CORAL SPRINGS, FL 33067	
TITLE	D	<input type="checkbox"/> DELETED
NAME	SELMA M. RUFFOLO	
STREET ADDRESS	5224 N.W. 85TH TERRACE	
CITY, ST, ZIP	CORAL SPRINGS, FL 33067	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add/for
12 NAME	DONALD L. RUFFOLO	
13 STREET ADDRESS	64 PINEHILL DRIVE	
14 CITY, ST, ZIP	INDIALANTIC, FL 32903	
15 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add/for
16 NAME	SELMA M. RUFFOLO	
17 STREET ADDRESS	64 PINEHILL DRIVE	
18 CITY, ST, ZIP	INDIALANTIC, FL 32903	
19 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add/for
20 NAME		
21 STREET ADDRESS		
22 CITY, ST, ZIP		
23 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add/for
24 NAME		
25 STREET ADDRESS		
26 CITY, ST, ZIP		
27 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add/for
28 NAME		
29 STREET ADDRESS		
30 CITY, ST, ZIP		

200001771662
-04/08/96--01018--022 Change Add/for
*****208.75**

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4.5

14. I do hereby certify that the information supplied by me is true and correct, and does not conflict with the information stated in Section 199.07(5)(a), Florida Statutes. I further certify that the information indicated on this report is true and correct, 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 registered agent or trustee empowered by law to file 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 additional sheet with an affidavit.

SIGNATURE: **DONALD L. RUFFOLO, PRESIDENT** **3/26/96 (407) 728-4002**

CR2E034 (12/95)