

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**

2. Principal Place of Business: **1879 W. NEW HAVEN AVE. MELBOURNE, FL 32904 BREVARD**

3. Date Incorporated or Qualified: **4-21-95**
3a. Date of Last Report: []
4. FIM Number: **59-3327743**
5. Certainty 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
**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 City: **MELBOURNE** FL 85 Zip Code: **32901**

11. Pursuant to the provisions of Sections 607.00(2) and 607.15(6), 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. The entity accepts the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.00(2), 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Addition
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"/> Addition
20. NAME		
21. STREET ADDRESS		
22. CITY, ST, ZIP		
23. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME		
25. STREET ADDRESS		
26. CITY, ST, ZIP		
27. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME		
29. STREET ADDRESS		
30. CITY, ST, ZIP		

200001771662
-04/08/96--01018--022 Change Addition
***208.75

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4.5

14. I do hereby certify that the information supplied by this filing is true and correct to the best of my knowledge and belief, 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)