

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

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**Apr 14 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT #**

1. Corporation Name: **P95000031407**

**SUNSHINE MEDIA REMARKETING, INC.**

Principal Place of Business: **64 Pinehill Drive Indialantic, FL 32903**  
Mailing Address: **64 Pinehill Drive Indialantic, FL 32903**

3. Date incorporated or Qualified: **04-21-95**      3a. Date of Last Report: **04-05-96**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-3327743</b>	Applied For <input type="checkbox"/> Not Applicable
22. State, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Zip	Country	29. Zip	30. Country
25. Country		29. Country	30. Country

**9. Name and Address of Current Registered Agent**

**DEANS, THOMAS W.  
47 W. New Haven Avenue, Ste. 200  
Melbourne, Florida 32901**

**10. Name and Address of New Registered Agent**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	<b>FL</b>
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: **THOMAS W. DEANS**      DATE: **April 8, 1997**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>President/Director</b>	<input type="checkbox"/> DELETE
NAME	<b>Ruffolo, Donald L.</b>	
STREET ADDRESS	<b>64 Pinehill Dr.</b>	
CITY, ST, ZIP	<b>Indialantic, FL 32903</b>	
TITLE	<b>Sec./Tres/Dir.</b>	<input type="checkbox"/> DELETE
NAME	<b>Ruffolo, Selma M.</b>	
STREET ADDRESS	<b>64 Pinehill Dr.</b>	
CITY, ST, ZIP	<b>Indialantic, FL 32903</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 13. I changed, or on an attachment with an address.

SIGNATURE: **DONALD L. RUFFOLO**      DATE: **4-8-97**      DAYTIME PHONE #: **407 727-2115**

CR2E034 (9/96)