

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000074044 (5)

1. Corporation Name

SUNNY PALM, INC.



Principal Place of Business

Mailing Address

1120 ROYAL PALM BEACH BLVD., STE. 172
ROYAL PALM BEACH FL 33411

1120 ROYAL PALM BEACH BLVD., STE. 172
ROYAL PALM BEACH FL 33411

3. Date Incorporated or Qualified

09/25/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Zip Country

26 Zip Country

27 Zip Country

28 Zip Country

29 Zip Country

30 Zip Country

31 Zip Country

32 Zip Country

33 Zip Country

34 Zip Country

35 Zip Country

36 Zip Country

37 Zip Country

38 Zip Country

39 Zip Country

40 Zip Country

41 Zip Country

42 Zip Country

43 Zip Country

44 Zip Country

45 Zip Country

46 Zip Country

47 Zip Country

48 Zip Country

49 Zip Country

50 Zip Country

51 Zip Country

52 Zip Country

53 Zip Country

54 Zip Country

55 Zip Country

56 Zip Country

57 Zip Country

58 Zip Country

59 Zip Country

60 Zip Country

61 Zip Country

62 Zip Country

63 Zip Country

64 Zip Country

65 Zip Country

66 Zip Country

67 Zip Country

68 Zip Country

4. FEI Number

65-0616464

Applied For

Not Applicable

5. Certificate 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

10. Name and Address of New Registered Agent

KNEEN, JEFFREY D
1400 CENTREPARK BLVD., STE. 1400
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature (typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME YOUNG, FRANK E
STREET ADDRESS 1120 ROYAL PALM BEACH BLVD., STE. 172
CITY-STATE-ZIP ROYAL PALM BEACH FL 33411

TITLE D ☐ DELETE

NAME HEINE, CHRIS A
STREET ADDRESS 1120 ROYAL PALM BEACH BLVD., STE. 172
CITY-STATE-ZIP ROYAL PALM BEACH FL 33411

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change

☒ Addition

☐ Change

☒ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. 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), 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)