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

FILED
Apr 11 1996 8:00 am
Secretary of State

DOCUMENT # **P95000075843 (9)**

1. Corporation Name
FLORIDA SUNSHINE PROPERTIES, INC.

Principal Place of Business
~~XX MONICA FARMAR X~~
~~6042 PERTHSHIRE LANE S.W.~~
~~FX MYERS FL 33908~~

Mailing Address
~~XX MONICA FARMAR X~~
~~6042 PERTHSHIRE LANE S.W.~~
~~FX MYERS FL 33908~~

3. Date Incorporated or Qualified: 09/27/1995
3a. Date of Last Report:

4. FEI Number: Applied For [ ] Not Applicable [X]

2. Principal Place of Business
21 Ernest A. Seemann
Suite, Apt. #, etc.
22 4729 Del Prado Boulevard
City & State
23 Cape Coral, FL
Zip 24 33904
Country 25 USA

2a. Mailing Address
26 Ernest A. Seemann
Suite, Apt. #, etc.
27 4729 Del Prado Boulevard
City & State
28 Cape Coral, FL
Zip 29 33904
Country 30 USA

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 [X] No

9. Name and Address of Current Registered Agent
~~FARMAR, MONICA~~
~~6042 PERTHSHIRE LN., S.W.~~
~~FT. MYERS FL 33908~~

10. Name and Address of New Registered Agent
81 Name: Ernest A. Seemann, Attorney
82 Street Address (P.O. Box Number is Not Acceptable): 4729 Del Prado Boulevard
83
84 City: Cape Coral FL 85 Zip Code: 33904

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] 4/4/96 DATE
Signature (typed or printed) name of registered agent and title, if applicable (NOTE: Registered Agent Signature required when filing)

12. OFFICERS AND DIRECTORS

TITLE	D/P
NAME	WELKER, WILMA
STREET ADDRESS	AM COLLINGER BERG 47, D-66424
CITY-ST-ZIP	HOMBURG, GERMANY
TITLE	~~D~~
NAME	~~FARMAR, MONIKA~~
STREET ADDRESS	~~6042 PERTHSHIRE LANE S.W.~~
CITY-ST-ZIP	~~FT. MYERS FL 33908~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

[ ] Change [ ] Addition [ ] Change [ ] Addition [ ] Change [ ] Addition [ ] Change [ ] Addition [ ] Change [ ] Addition [ ] Change [ ] Addition

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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: Wilma Welker, Director [signature] 4-4-96 941-540-7007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)