

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 # P95000076729 (9)

1. Corporation Name

SUN SHINE FINANCIAL INC OF SOUTH FLORIDA

Principal Place of Business

Mailing Address

3600 SOUTH STATE ROAD 7, STE. 204  
MIRAMAR FL 33023

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MIRAMAR FL 33023



3. Date Incorporated or Qualified  
10/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1814 North University Dr.

26 1814 North University Dr.

4. FEI Number

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 MERCEDES Executive Park

27 MERCEDES Executive Park

City & State

City & State

23 Plantation, FL

28 Plantation, FL 33404

Zip

Country

Zip

Country

24 33322

25 Broward

29 33324

30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VASSELL, UTELLA

3600 SOUTH STATE ROAD 7, STE. 204  
MIRAMAR FL 33023

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 UTELLA VASSELL

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME VASSELL, UTELLA  
STREET ADDRESS 8235 NW 8 CT.  
CITY-ST-ZIP PLANTATION FL 33324 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE DV  
NAME DIXON, MARSHA  
STREET ADDRESS 8235 NW 8 CT.  
CITY-ST-ZIP PLANTATION FL 33324 ☐ DELETE

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ 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: MARSHA DIXON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/94

Date

(904) 985-0474

Daytime Phone #

CR2E034 (12/95)