

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

**FILED**

**May 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 # P95000085016 (0)**

1. Corporation Name  
**SUNSHINE DAYDREAM, INC.**



Principal Place of Business: **2201 S.E. INDIAN STREET, E-4 STUART FL 34997**  
Mailing Address: **2201 S.E. INDIAN STREET, E-4 STUART FL 34997-4957**

3. Date Incorporated or Qualified: **11/01/1995**  
3a. Date of Last Report: **04/22/1996**  
4. FLI Number: **65-0618223**  
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

2. Principal Place of Business: **21 3000 N. OCEAN DR**  
Suite, Apt. #, etc.: **22 APT. 38 D**  
City & State: **23 SINGER ISLAND, FL**  
Zip: **24 33404** Country: **25 USA**  
2a. Mailing Address: **26 3000 N. OCEAN DR**  
Suite, Apt. #, etc.: **27 APT. 38 D**  
City & State: **28 SINGER ISLAND, FL**  
Zip: **29 33404** Country: **30 USA**

9. Name and Address of Current Registered Agent  
**SELTZER, STEPHEN  
2201 S.E. INDIAN STREET, E-4  
STUART FL 34997**

10. Name and Address of New Registered Agent  
81 Name: **SELTZER, STEPHEN**  
82 Street Address (P.O. Box Number is Not Acceptable): **3000 N. OCEAN DR**  
83 **APT. 38 D**  
84 City: **SINGER ISLAND, FL** 85 Zip Code: **33404**

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]* **STEPHEN SELTZER, PRESIDENT** DATE: **4/30/97**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when rechartering)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SELTZER, STEPHEN</b>	
STREET ADDRESS	<b>5420 N. OCEAN DRIVE, APT. 305</b>	
CITY-ST-ZIP	<b>RIVIERA BEACH FL 33404</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SELTZER, STEPHEN</b>	
1.3 STREET ADDRESS	<b>3000 N. OCEAN DR, 38 D</b>	
1.4 CITY-ST-ZIP	<b>SINGER ISLAND, FL 33404</b>	
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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *[Signature]* **STEPHEN SELTZER, PRESIDENT** DATE: **4/30/97**

CR2E034 (9/96)