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

P95000089173 (5) **DOCUMENT #**

SUNSHINE SNOWBALLS, INC.

Principal	Place	of	Bus	sines

Mailing Address



3714 CALLOWAY DR ORLANDO FL 32810		3714 CALLOWAY DR ORLANDO FL 32810							
					3. Date Incorporated or Qualified 11/17/1995	3a. Date of	Last R	eport	
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	2		Applied For	
1 124	W. PINE ST	26	:6		59.334608			Not Applicable	
Suite, Apt. # 2 #3	, etc. 3 302 CSS	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required				
		City & State	& State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
31 8c	Country	Zip 29	Countr 30	у	8. This corporation has liability for Florida Statutes Yes	intangible tax ı	under s	199.032,	
	9. Name and Address of Curren	Registered Agent			10. Name and Address of New R	legistered Ag	ent		
			81	Name					
SUTCH,	, judith a		82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)			
3714 CALLOWAY DR ORLANDO FL 32810			83						
ORDANI	DO FL 32010		84	City		P* 1	85 Zi	p Code	
				<u> </u>		FL			
SIGNATURE	h, and accept the obligations of, Sections of Sections		S. OTE: Registered Ag		ration submits this statement for the pur and of directors. I hereby accept the app and when reinstating:	DATE:			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFF			DRS IN 12	
TITLE	DP	☐ DELETE	1. 1 TITLE				Change	Addition	
NAME	SUTCH, SCOTT		1.2 NAME						
STREET ADDRESS	3714 CALLOWAY DR		13 STRE	T ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32810		1.4 CHY-	S1-ZIP					
TITLE	DV	DELETE	2 1 117.6				Change	Addition	
NAME	SUTCH, JUDITH A		2 2 NAME						
STREET ADDRESS	3714 CALLOWAY DR			T ADDRESS					
CHY-ST-ZIP	ORLANDO FL 32810	F DD ET	2.4 C(TY				Change	☐ Addition	
TITLE	DST DODOTHY	DELETE	3. 1 1111			L	Change	Modition	
NAME	SUTCH, DOROTHY 3714 CALLOWAY DR		3 2 NAM6						
STREET ADDRESS	ORLANDO FL 32810			FT ADDRESS					
CITY-ST-ZIP	ONLANDO FE 32010	☐ DELETE	3.4 CiTY - 4. 1 TiTU				Change	Addition	
TITLE !		Doctric	4. 1 HIC	1		لسا	Uniongo		
NAME				ET ADDRESS					
STREET ADDRESS			4.4 CITY						
CITY-SI-7IP TILLE		T DELETE	5. 1 THU				Change	Addition	
NAME		<u></u>	5.2 NAM			-			
STREET ADDRESS	7			ET ADDRESS					
CITY-S1-ZIP			5.4 CITY						
TITLE		DELETE	6.1 TITL				Change	Addition	
NAME			6.2 NAM				-		
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			6.4 CITY	ļ					
44 Ldo borob	I	with this filing is voluntarily fur	mished and do	es not qualify	for the exemption stated in Section 119	0.07(3)(k), Florid	da Statu	ites. I further	

certry 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 true 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.