

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

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000032592 (3)**

1. Corporation Name

SUNSHINE NATIONWIDE FINANCE, INC.

Principal Place of Business

7130 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32809
US

Mailing Address

7130 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32809
US

#220

#220



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1996

4. FEI Number

59-3372189

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

7130 SOUTH O.B.T

22

27

#220

23

28

ORLANDO, 32809

24

29

FL

25

30

ORANGE

9. Name and Address of Current Registered Agent

PATEL, VIRBALA
7130 SOUTH ORANGE BLOSSOM TR.
#220
ORLANDO FL 32809

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PTSD**
STREET ADDRESS **PATEL, VIRBALA**
CITY-ST-ZIP **3531 BONAIR BLVD., #1413**
KISSIMMEE FL 34741

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **PRESIDENT**
1.3 STREET ADDRESS **HASAMUKH D. PATEL**
1.4 CITY-ST-ZIP **7130 SOUTH O.B.T #220**
ORLANDO FL 32809

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **SECRETARY**
2.3 STREET ADDRESS **SUSHILA H. Patel**
2.4 CITY-ST-ZIP **7130 SOUTH O.B.T #220**
ORLANDO FL 32809

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **VIRBALA Patel**
3.3 STREET ADDRESS **7130 SOUTH O.B.T #220**
3.4 CITY-ST-ZIP **ORLANDO FL 32809**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 on an attachment with an address.

SIGNATURE:

HASAMUKH D. PATEL 1/21/98 407-888
9800

CR2E034 (10/97)