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**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90020 029 \*\*\*163.75



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P96000032592

1. Corporation Name  
**SUNSHINE NATIONWIDE FINANCE, INC.**



Principal Place of Business  
 7130 SOUTH ORANGE BLOSSOM TRAIL #220 ORLANDO FL 32809 US

Mailing Address  
 7130 SOUTH ORANGE BLOSSOM TRAIL #220 ORLANDO FL 32809 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 3531 Bonnaire Blvd  
 Suite, Apt. #, etc. #1413  
 City & State Kissimmee FL  
 Zip 34741 Country Orlando

2a. Mailing Address  
 26 12871 Enclave dr  
 Suite, Apt. #, etc.  
 City & State ORLANDO FL-32837  
 Zip FL 32837 Country ORANGE

3. Date Incorporated or Qualified  
 04/15/1996

4. FEI Number  
 59-3372189

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
 PATEL, VIRBALA  
 7130 SOUTH ORANGE BLOSSOM TR. #220 ORLANDO FL 32809

10. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------------------------|---|---|
| TITLE                      | PTSD <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| NAME                       | PATEL, VIRBALA                       | 1.2 NAME  |   |
| STREET ADDRESS             | 7130 SOUTH ORANGE BLOSSOM TRAIL #220 | 1.3 STREET ADDRESS                                    | 7130 SOUTH O.B.T #220   |
| CITY-ST-ZIP                | ORLANDO FL 32809                     | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | P <input type="checkbox"/> DELETE    | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| NAME                       | PATEL, HASMUKH D.                    | 2.2 NAME  |   |
| STREET ADDRESS             | 7130 SOUTH ORANGE BLOSSOM TRAIL #220 | 2.3 STREET ADDRESS                                    | 7130 SOUTH O.B.T #220   |
| CITY-ST-ZIP                | ORLANDO FL 32809                     | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | S <input type="checkbox"/> DELETE    | 3.1 TITLE   | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             |
| NAME                       | PATEL, SUSHILA H.                    | 3.2 NAME  |   |
| STREET ADDRESS             | 7130 SOUTH ORANGE BLOSSOM TRAIL #220 | 3.3 STREET ADDRESS                                    | 7130 SOUTH O.B.T #220   |
| CITY-ST-ZIP                | ORLANDO FL 32809                     | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE      | 4.1 TITLE   | VPD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                      | 4.2 NAME  | SONAL PATEL   |
| STREET ADDRESS             |                                      | 4.3 STREET ADDRESS                                    | 7130 SOUTH O.B.T  |
| CITY-ST-ZIP                |                                      | 4.4 CITY-ST-ZIP                                       | ORLANDO, FL-32809   |
| TITLE                      | <input type="checkbox"/> DELETE      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| NAME                       |                                      | 5.2 NAME  |   |
| STREET ADDRESS             |                                      | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                      | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| NAME                       |                                      | 6.2 NAME  |   |
| STREET ADDRESS             |                                      | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                      | 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, with all other like empowered.

SIGNATURE: [Signature] 1/6/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)