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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

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
Trust Fund Contribution

☒

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 3531 Bonaville Blvd

Suite, Apt. #, etc.

22 #1413

City & State

23 Kissimmee FL

Zip

24 34741 25 Osceola

Country

2a. Mailing Address

26 12871 Enclave dr

Suite, Apt. #, etc.

27

City & State

28 ORLANDO FL-32837

Zip

29 FL 32837 30 ORANGE

Country

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

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 PTSD ☐ DELETE

NAME PATEL, VIRBALA
STREET ADDRESS 7130 SOUTH ORANGE BLOSSOM TRAIL #220
CITY-ST-ZIP ORLANDO FL 32809

TITLE P ☐ DELETE

NAME PATEL, HASMUKH D.
STREET ADDRESS 7130 SOUTH ORANGE BLOSSOM TRAIL #220
CITY-ST-ZIP ORLANDO FL 32809

TITLE S ☐ DELETE

NAME PATEL, SUSHILA H.
STREET ADDRESS 7130 SOUTH ORANGE BLOSSOM TRAIL #220
CITY-ST-ZIP ORLANDO FL 32809

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
1.3 STREET ADDRESS 7130 SOUTH O.B.T #220
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 7130 SOUTH O.B.T #220
2.4 CITY-ST-ZIP

3.1 TITLE SD ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 7130 SOUTH O.B.T #220
3.4 CITY-ST-ZIP

4.1 TITLE VPD ☒ Change ☒ Addition

4.2 NAME
4.3 STREET ADDRESS SONAL PATEL
4.4 CITY-ST-ZIP 7130 SOUTH O.B.T
ORLANDO, FL-32809

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)