FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JUN 26 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000032823 (2)**

1. Corporation Name
SUNSHINE OAKS, INC.

Principal Place of Business	Mailing Address
664 AZALEA LANE SUITE B VERO BEACH FL 32963	664 AZALEA LANE SUITE B VERO BEACH FL 32963-1879

3. Date Incorporated or Qualified: **04/11/1996** | 3a. Date of Last Report:

4. FEI Number: 65-0669831 | ☐ 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
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | Country 30

9. Name and Address of Current Registered Agent

COVEY, JAMES P
664 AZALEA LANE SUITE B
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name: Taylor, Shirley M.
82 Street Address (P.O. Box Number is Not Acceptable)
83 686 SW Lucero Road
84 City: Port St. Lucie, Fl 34983 | 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: Shirley M. Taylor — June 10, 1997
Signature of officer or director of the registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating) — DATE

OFFICERS AND DIRECTORS

12.

TITLE	D	☐ DELETE
NAME	TAYLOR, SHIRLEY M	
STREET ADDRESS	686 SW LUCERO DR	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	
TITLE	D	☐ DELETE
NAME	LIGGIERI, FRANK F	
STREET ADDRESS	126 AVERILL BLVD	
CITY-ST-ZIP	FRANKLIN SQUARE NY 11010	
TITLE	D	☐ DELETE
NAME	LIGGIERI, PAUL	
STREET ADDRESS	126 AVERILL BLVD	
CITY-ST-ZIP	FRANKLIN SQUARE NY 11010	
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		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		

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****165.00 ****165.00

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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 on an attachment with an address.

561779

SIGNATURE: Shirley M. Taylor — 6/10/97