


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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90215 012 \*\*\*150.00

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| PROFIT CORPORATION<br>ANNUAL REPORT<br>1999   |  | <br>FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS                  |  |
| DOCUMENT # P96000032823   |  |   |  |
| 1. Corporation Name<br>SUNSHINE OAKS, INC.  |  |   |  |
| Principal Place of Business<br>664 AZALEA LANE SUITE B<br>VERO BEACH FL 32963   |  | Mailing Address<br>664 AZALEA LANE SUITE B<br>VERO BEACH FL 32963   |  |
| 2. Principal Place of Business<br>21 1486 7th Ave.<br>Suite, Apt. #, etc.<br>22 City & State<br>Vero Beach FL<br>23 Zip<br>32960  |  | 2a. Mailing Address<br>26 845 8th St.<br>Suite, Apt. #, etc.<br>27 City & State<br>Vero Beach FL<br>28 Zip<br>32960   |  |
| 24 32960  |  | 25 Indian River 29 32960 30 Indian River  |  |
| 9. Name and Address of Current Registered Agent<br>TAYLOR, SHIRLEY M<br>686 S.W. LUCERO ROAD<br>PORT ST. LUCIE FL 34983   |  | 10. Name and Address of New Registered Agent<br>81 Name Frank Liggieri<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>2218 SE Abcor Rd<br>83 Port St Lucie<br>84 City FL 85 Zip Code 34952 |  |
| 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.<br>SIGNATURE <i>Frank Liggieri</i><br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE |  |   |  |
| 12. OFFICERS AND DIRECTORS  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |
| TITLE D<br>NAME TAYLOR, SHIRLEY M<br>STREET ADDRESS 686 SW LUCERO DR<br>CITY-ST-ZIP PORT ST LUCIE FL 34983  | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE D<br>NAME LIGGIERI, FRANK F<br>STREET ADDRESS 126 AVERILL BLVD<br>CITY-ST-ZIP FRANKLIN SQUARE NY 11010  | <input type="checkbox"/> DELETE            | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS 2218 SE Abcor Rd.<br>2.4 CITY-ST-ZIP Port St Lucie FL 34952   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE D<br>NAME LIGGIERI, PAUL<br>STREET ADDRESS 126 AVERILL BLVD<br>CITY-ST-ZIP FRANKLIN SQUARE NY 11010   | <input type="checkbox"/> DELETE            | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE            | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE            | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE            | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

SIGNATURE:

*Frank Liggieri*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99  
Date

Daytime Phone #

CR2E034 (11/98)