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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600032823

1. Corporation Name

SUNSHINE OAKS, INC.

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

04-20-1999 90215 012 ***150.00



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|---|--|--|---------------------------------------|---|-------------------------------------|--------------------|------------------|
| Principal Place of Business Mailing Address | | | | ם גוווספ גוווס סוגסו פוו גוסונעסו ז | A D IYA BOYAN BOY a l | i iniiw nwa iwaa i | ANDRO DANA KRIIT |
| 664 AZALEA LANE SUITE B 664 AZALEA LANE SUITE B | | | | (| | | |
| VERO BEACH FL 32963 VERO BEACH FL 32963 | | | | DO NOT WE | | 00405 | |
| | | | | DO NOT WR 3. Date Incorporated or Qualifed | | SPACE | |
| ĺ | | | | 04/11/1996 | , | | |
| 2 Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | | Apr | olied For |
| 21 14 86 | 16 Ave. | 2a. Mailing Address 26 845 8th | St. | 65-0669831 | | | Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | T | | \$8.75 A | |
| 22 27 | | | | 5Certifcate.of.Status.Desired | سختهز لياعثن | Fee Rec | |
| City & State | | City & State | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 Ven | Beach FL | 28 Vero Beach | FL | Trust Fund Contribution | | Added to | |
| Zip | Country | Zip 32961 3 | Country | 8. This corporation owes the cur | rent year Int | | _ |
| <u></u> | | | | Personal Property Tax. Yes No | | | |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | | | | | |
| TAYLOR SHIRLEY M | | | | | | | |
| | | | | ess (P.O. Box Number is Not Accept | table) | | |
| PORT ST. LUCIE FL 34983 | | | | 218 SE Abcor | Pd | | |
| 83 | | | | ort St Lucie | | , | 1 |
| 1 | | | 84 City | | FL | 85 Zip C | ode 1952 |
| | A- 4 | oration submits this statement for the | | | | | |
| 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 | | | | | | | istered |
| agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. | | | | | | | |
| SIGNATURE | Signature, typed of printed name of registered agent | and title if applicable. (NOTE: R | egistered Agent signature required | 1 when reinstating) | DATE | | —— |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OF | | ND DIRECTOR | RS IN 12 |
| TITLE | D | DELETE | 1.1 TITLE | | | Change | Addition |
| NAME | TAYLOR, SHIRLEY M | • | 1.2 NAME | | | | } |
| STREET ADDRESS | 686 SW LUCERO DR | | 1.3 STREET ADDRESS | | | | • |
| CITY-ST-ZIP | PORT ST LUCIE FL 34983 | | 1.4 CITY-ST-ZIP | | | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | 1 5 | Change | Addition |
| NAME | LIGGIERI, FRANK F | | 22 NAME | | ~ / | | } |
| - STREET ADDRESS | 126 AVERILL BLVD | Fine Fine | 2.3 STREET ADDRESS - | 2218 SE Abcor | · Rd | | ļ |
| CITY-ST-ZIP | FRANKLIN SQUARE NY 11010 | | 2, 4 CITY-ST-ZIP | Port St Lucie | FL | 34952 | |
| TITLE | D | ☐ DELETE | 3.1 7TTLE | γ . | | Change | Addition |
| NAME | LIGGIERI, PAUL | | 3.2 NAME | | | |) |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | | } |
| CITY-ST-ZIP | FRANKLIN SQUARE NY 11010 | | 3.4. CITY-ST-ZIP | | | | |
| TITLE (| | ☐ DELETE | 4.1 TITLE | * 4ı | | Change | Addition |
| NAME : | | | 4. 2 NAME | | | | - |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | } |
| CITY-ST-ZIP | | - December | 4.4 CITY-ST-ZIP | | | / Change | Addition |
| TILE | ' | ☐ DELETE | 5.1 TITLE 5.2 NAME | | | Change | |
| NAME | | | 5.3 STREET ADDRESS | | | | Į |
| STREET ADDRESS | | | 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | | | } |
| CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE | | | Change | Addition |
| TITLE . | 1、4、多数に強わり | □ nefric | 6.2 NAME | | | 5.161190 | |
| NAME - | | | 6.3 STREET ADDRESS | | | | } |
| STREET ADDRESS | | | | | | | 1 |
| CITY-ST-ZIP | <u> </u> | | 6.4 CITY+ST-ZIP | | | <u> </u> | |

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 for on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR HIRED

Daytime Phone #