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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,

Sandra B. Mortham,

Secretary of State
DIVISION OF CORPORATIONS

1997 POCUMENT # P96000037666 (0)

SIIC SUNSHINE INTER INVEST CORP.

Principal Place of Business Mailing Address 1140 LEE BLVD #103 1140 LEE BLVD #103 LEHIGH FL 33936 LEHIGH FL 33936-4800 3. Date Incorporated or Qualified 3a. Date of Last Report 04/30/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zφ Country Zip 8. This corporation has liability for intangible tax under s. 199 032. Yes No 30 24 25 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name SCHATZ, MANFRED 1140 LEE BLVD #103 82 Street Address (P.O. Box Number is Not Acceptable) LEHIGH FL 33936 83 84 City 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, typed or per troir arise of registered agent and title Tappheable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Mut 1.1 TITLE FRIEDL. KURT NAME 1.2 NAME 1140 LEE BLVD #103 STREET ADDRESS 1.3 STREET ADDRESS LEHIGH FL 33936 011Y-ST-7H 1.4 CITY - ST - ZIP DELETE Change Addition 21 TITLE THILE FRIEDL, CHRISTEL NAME 2.2 NAME · 1140 LEE BLVD #103 STREET ADORESS 2.3 STREET ADDRESS LEHIGH FL 33938 2. 4 City-51- ZIP C/TY - ST - 7/P DELETE Change Addition 3.1 TITLE THE

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 agricular 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 13 or Block 13 if changed, or on an attachment with an address.

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

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3.3 STREET ADDRESS

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5.4 CITY - ST - ZIP

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3.4. CHTY-ST-ZIP

SIGNATURE:

SCHATZ, M E

1140 LEE BLVD #103

LEHIGH FL 33936

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NAME

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CITY - \$1 - 712

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF BRECTOR

23-9) 941-369-8888

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Apr 07 1997 8:00am

Secretary of State