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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P96000038045 (6)

SUNSHINE INTEGRATED SYSTEMS, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

21

23

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

28

4255 NORTHWEST 128TH STREET MIAMI FL 33054

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**FILED** Jan 28 1998 8:00am Secretary of State



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

2056879418

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/02/1996

59-1867051

5. Certificate of Status Desired

6. Election Campalgn Financing

Trust Fund Contribution

4. FEI Number

<i>Z</i> ip		Country	Zip		Cor	ıntry	′		- 1	8.	This co	orpora	tion ow	es or h	as paid t	the curr	ent yea	ar Inta	angible
24	252930			30				Personal Property Tax due June 30. Yes No											
	g. Name	and Address of Curr	ent Registered	l Agent		Ш,				10.	Name	and A	ddress	of Ne	w Regis	tered A	\gent		
AMERILAWYER CHARTERED 8							N	lame											
343 ALMERIA AVENUE						82	Si	treet A	ddres	s/Pi	O Box	Numb	ner is M	ot Acc	eptable)				
CORAL GABLES FL 33134							"		uu, 00	J (				1017100	opiaoio,				
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						04	ا	ity								FL	85	Zip C	ode
11. Pursuant office or ragent, I a	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	<del></del>															DATE			
12.	Signature, typed	or printed name of registered a	NO DIRECTOR		Registerer	o Age	ពា សព្	gnature re	quirea					E TO	OFFICER		DIDEC	TOPS	2 101 12
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STREET ADDRESS					6.3 ST	REET	ADDF	RESS											
CITY-ST-ZIP					6.4 CI													<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, or on an attachment with an address.																			

THE REQUIRED