

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

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000039046 (3)

1. Corporation Name

SOUTHERN SUNSHINE HOLDINGS CORP.



Principal Place of Business

C/O ADAM R. SCHIFFMAN, P.A.
2999 NE 191 ST SUITE 900
AVENTURA FL 33180

Mailing Address

C/O ADAM R. SCHIFFMAN, P.A.
2999 NE 191 ST SUITE 900
AVENTURA FL 33180-3117

2. Principal Place of Business

21 3500 Island Blvd LANG
Suite, Apt. #, etc.

22 PH # 1

City & State

23 Williams Island FL
Zip Country

24 33160

25 USA

2a. Mailing Address

26 3500 Island Blvd LANG
Suite, Apt. #, etc.

27 PH # 1

City & State

28 Williams Island FL
Zip Country

29 33160

30 USA

3. Date Incorporated or Qualified

04/26/1996

3a. Date of Last Report

4. FEI Number

65-0671220

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ADAM R. SCHIFFMAN, P.A.
2999 NE 191 ST
SUITE 900
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name ROBERT G. KLEIN, CPA
82 Street Address (P.O. Box Number is Not Acceptable) 2800 SOUTH OCEAN BLVD
83 SUITE 25
84 City BOCA RATON FL 85 Zip Code 33432

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

4/17/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D HOFMANN, THOMAS
STREET ADDRESS 2999 NE 191 ST SUITE 900
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

C/O MARION LANG PH #1
3500 ISLAND BLVD
WILLIAMS ISLAND FL 33160

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.

CR2E034 (9/96)