

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
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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
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3. Date Incorporated or Qualified 04/26/1996	3a. Date of Last Report
4. FEI Number 65-0671220	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 3500 Island Blvd LANG Suite, Apt. #, etc. 22 PH # 1 City & State 23 Williams Island FL Zip 24 33160 Country 25 USA	2a. Mailing Address 26 3500 Island Blvd Suite, Apt. #, etc. 27 PH # 1 City & State 28 Williams Island FL Zip 29 33160 Country 30 USA
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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
61 Name ROBERT G. KLEIN, CPA
62 Street Address (P.O. Box Number is Not Acceptable) 2800 SOUTH OCEAN BLVD
63 SUITE 25
64 City BOCA RATON FL 65 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, 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]* DATE **4/17/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> DELETE
NAME HOFMANN, THOMAS	
STREET ADDRESS 2999 NE 191 ST SUITE 900	
CITY-ST-ZIP AVENTURA FL 33180	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	C/O MARION LANG PH #1
1.4 CITY-ST-ZIP	3500 ISLAND BLVD
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	WILLIAMS ISLAND FL 33160
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)