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Apr 19, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600039046

1. Corporation Name

SOUTHERN SUNSHINE HOLDINGS CORP.

Principal Place of Business Mailing Address							1180	II. Co i ik e e c elo c i	III ba sh aa ile a			ii fibio bhi hebi
3500 ISLAND BLVD. C/O MARION LANG 3500 ISLAND BLVD C/O MA			BLVD., C/O MARI	ION LAN	3							
PH #1 PH #1								DO N	OT WRITE	INI THIS	SDACE	
WILLIAMS ISLAND FL 33160 WILLIAMS ISLAND FL 33160			AND FL 33160				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
US		US					04/26/		Zaamea			Ì
2 Dringing D	lace of Business	2a. Mailing Ac	Idroce				4. FEI Num				$\neg \neg$	Applied For
¬ `	lace of business	26	101633				65-067					ot Applicable
Suite, Apt.	# atc	Suite, Apt.	# etc.									Additional
22		<u>⊢</u> ·	27				5. Certifcate	of Status Do	esired L		• -	Required
City & State			City & State			-	6. Election	Campaign Fir	ancing - ,		\$5.0) Mãy Be
23		28				Trust Fund Contribution Added to Fees						
Zip Country		Zip Cou			untry		8. This corp	oration owes	the current	year Inta	ngible	ļ
24	25	29	30					Property Tax	_		☐Yes	□No
	9. Name and Address of Curre	nt Registered Ager	nt				10. Name a	Address	of New Reg	istered /	Agent	
14.5	N DOCEST C ODA D			81	Name	е						
KLEIN, ROBERT G CPA P 2800 SOUTH OCEAN BLVD			82	Stree	et Address	s (P.O. Box N	lumber is No	Acceptable	2)			
STE.	. 2G								_			
BOC	A RATON FL 33432										D. 7:	Cada
				84	City					FL	85 Zi	Code
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such ch	ange was autho	nzed by	tne cor	ed corpora rporation's	ation submits s board of dir	this statemer ectors. I here	nt for the pure by accept the	rpose of one appoin	changing i ntment as	ts registered registered
SIGNATURE	Signature, typed or printed name of registered agr		(NOTE: Book	internal Agon	t nianatus	n required wh	hen reinstating)			DATE		
12.		ND DIRECTORS	(NOTE: Regi	13.	i signature	re requied wi		IS/CHANGES	TO OFFIC		D DIRECT	ORS IN 12
TITLE	D		DELETE	1.1 TITLE		T					Change	Addition
NAME	HOFMANN, THOMAS		L	1.2 NAME		ĺ						ļ
· · · · · · · · · · · · · · · · · · ·			1.3 STREET	ADDRESS	ss							
CITY-ST-ZIP	WILLIAMS ISLAND FL		·	1.4 CITY-S1								l
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NAME			1	2.2 NAME)						
STREET ADDRESS	·			2.3 STREET	ADDRESS	ss						.]
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NAME				3.2 NAME		1		•				ì
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NAME				5.2 NAME		1			•			
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CITY-ST-ZIP				5.4 CITY-S	-ZIP	<u> </u>						
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		L	DELETE	6.1 TITLE		-					Chang	, Magninou
NAME		L	DELETE	6.2 NAME 6.3 STREET							∐ Chang	, Ladition

6.4 CITY-ST-ZIP

SIGNATURE:

Block 12 or Block 13 if changed, or of

CITY-ST-ZIP

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 supplied any of 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 appetition of the corporation of the corporation of 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 appetition of the corporation of the corporation or the receiver of 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 appetition of the corporation or the receiver of the