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

PROFIT CORPORATION ANNUAL REPORT

I do hereby certify that the information indicated on this arill am an officer or director of the



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

19NU) 87711941)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPOR MIONS

1997

POCUMENT # P96000041322 (4)

SUNSHINE EXPEDITIONS, INC.

Principal Place	0	Mailing Address			
4449 MAYLOR TALLAHASSEE		4449 MAYLOR RD. Tallahassee FL 3230	8-5704		
				3. Date Incorporated or Qualified 05/09/1996	3a. Date of Last Report
21	ace of Business	2e. Mailing Address 26		4. FEI Number 59 - 3441973	XX Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 32308		Zip 29	Country 30 US		☐ Yes ☐ No
140	9. Name and Address of Curre SALLE, THOMAS L	ent Registered Agent	81 Name	10. Name and Address of New Re	egistered Agent
	3 N. FEDERAL HWY.		82 Street Ad	ddress (P.O. Box Number is Not Acceptal	ble)
SUITE 405]]		
FT.	LAUDERDALE FL 33308		83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Stat	ules, the above-named c	orporation submits this statement for the parallel bration's board of directors. I hereby acce	1 1
office or re agent. La	egistered agent, or both, in the Stat m familiar with, and accept the obli	e of Florida. Such change was gations of, Section 607.0505, f	s authorized by the corpo Florida Statutes	oration's board of directors. I hereby acce	pt the appointment as registered
SIGNATURE	<u> </u>				
12.	Signature, typed or proted name of registered a OFFICERS AL	ger Land Inte if applicable (NE ND DIRECTORS	OTE Forgistered Ager La griature re 13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	D	DEFFIE	1.1 1011	1,001,010,01,110,10	X Change Addition
NAME	KELLY, RICHARD		1.2 NAME		:
STREET ADDRESS	4449 MAYLOR RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		1.4 CHY- \$1 - 7IP	32308	
TITLE		LT DELETE	21 THUE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		Thurst and the second s	2. 4 CITY - S1 - ZIF		
TITLE		☐ OLLETE	3.17018		Change Addition
NAME Street address			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP					
TITLE		DELETE	3.4. CHY-S1-7H ² 4.1 THE		Change Addition
NAME		-	4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		i
TITLE		DELETE	5.1 TITLE	74144	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		.,	5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME	t a		G.2 NAME		Į.
STREET ADDRESS	**		G.3 STREET ADDRESS		
0.000 07 410			0.4.0000		

ion supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the illegor of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that report for the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name