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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000049823 (3)

SUNSHINE VACATION HOMES, INC.

Principal Place of Business Mailing Address 118 MOSS BLUFF ROAD KISSIMMEE FL 34748 118 MOSS BLUFF ROAD KISSIMMEE FL 34746-6077 3. Date Incorporated or Qualified 3a. Date of Last Report 06/10/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 202 OLD MILL CIR Not Applicable 59-3384550 202 OLD MILL CIR. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Bo Trust Fund Contribution KISSIMMEE, F1 Added to Fees ZiKiccimme / Flountry 8. This corporation has liability for intangible tax under s. 199.032, 34746 25 USA 29 3474 Yes No Florida Statutes 30 USA 10. Name and Address of New Registered Agent 81 Name MINARRO, MARIA I 118 MOSS BLUFF ROAD 82 Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE FL 34746 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Horida 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. Fam 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 signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DETETE TITLE 1.3 THUE Change Addition MINARRO, MARIA I NAME 1.2 NAME 118 MOSS BLUFF ROAD STREET ADDRESS 1.3 STREET ADDRESS KISSIMMEE FL 34746 CITY-ST-ZIP 14 CHY-ST-ZIP DELETE TITLE 21 INUE Change Add-tion NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY- \$1-7/P DELETE TITLE 31 TITLE Change Addition NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. DITY-ST-7IP ☐ DELETE TITLE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY+S1+7IP 🔲 DELETE TITLE Change Addition 5.1 THE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS COTY-ST-ZIP 5.4 CiTY - \$1 - 7iP DELLIE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS

6.4 C(1Y - \$1 - Z(P)

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 d) an attachment with an address.

**FILED** 

May 15 1997 8:00am

Secretary of State