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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600070456

1. Corporation Name

SUNSHI	ne title insurance, inc								
Principal Place	e of Business	Mailing Address				(00 99004 110 10110 01111 00111 1	18(1) 60 11(80)	ift følkt øktir stant ø	1000 810 1681
22970 OVERSEAS HWY CUDJOE KIEY FL 33042		22970 OVERSEAS HWY CUDJOE KEY FL 33042				DO NOT WR	RITE IN TH	IS SPACE	
						ncorporated or Qualifed 2/1996	1		
2. Principal Place of Business		2a. Mailing Address			4. FEI Nu			App	olied For
					<u>65-0</u> 6	65-0694939			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifo	ate of Status Desired	×	\$8.75 A	
City & State		City & State			1	in Campaign Financing Fund Contribution		\$5.00 N Added to	
Zip	Country Zip 25 29		Country	_ ` • · · ·		. This corporation owes the current year Intangible Perscnal Property Tax. ☐ Yes ☐ No			
24 25 29 9. Name and Address of Current Registered Agent			130			10. Name and Address of New Registered Agent			
	5, Name and rea areas or ourror	- region	81	Name					
FOSTER, KENDRA 22970 OVERSEAS HWY			82	Street	Address (P.O. Bc)	Number is Not Accep	table)		
CUDJOE KEY FL 33042			83			· 			
•			84	City			£:	85 Zip C	ode
nffice or ri	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	iuthorized by t	-named he corpo	corporation submi	ts this statement for the directors. I hereby acce	e nurnose	of changing its r	egistered jistered
agent rai				oimmaturo n	required when reinstating)		DATE		
12.	Signature, typed or printed name of registered agen	D DIRECTORS	13.	signature n		ONS/CHANGES TO O		AND DIRECTOR	RS IN 12
TITLE	D OFFICEROPIN	DELETE	1.1 TITLE		I	<u> </u>		Change	Addition
NAME	FOSTER, KENDRA		1.2 NAME	1.2 NAME					
STREET ADDRESS	68 N LAKE DR		1.3 STREET	ADDRESS					ļ
CITY-ST-ZIP	UMMERLAND KEY FL 33042		1.4 CITY-ST	- ZIP					
TITLE	D							Change	Addition
NAME	SANDRIE, ROSE		2.2 NAME						
STREET ADDRESS	327-D1 KNOTTY PINE CIR		2.3 STREET	ADDRESS					
CITY-ST-ZIP	LAKE WORTH FL 33863		2. 4 CITY-S1	r-zip					
TITLE		☐ DELETE	3.1 TITLE					Change	☐ Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET	ADDRESS					
CITY-ST-ZIP			3.4. CITY-S1	-ZiP					
TITLE		☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME			4.2 NAME						
STREET ADDRESS			4 3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY- ST	-ZIP	L				
TITLE		☐ DELETE	51 TITLE					Change	Addition
NAME			52 NAME						
STREET ADDR ESS			5.3 STREET						
CITY-ST-ZIP			5.4 CITY-ST	-ZIP					
TITLE			6.1 TITLE		1			Change	Addition

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 indical ed on this annual report or supplemental annual report is true and accurate and that my signalure 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 apps ars in Block 12 or Block 13 if change 1, or on an attacament with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNAL TRE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR