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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000072807 (6)

SUNSHINE IMPORT/EXPORT, INC.

Principal Place of Business

Mailing Address

8958 CARNABY DRIVE OVIEDO FL 32765

SIGNATURE:

3958 CARNABY DRIVE OVIEDO FL 32785-5114

	FILED
Jul 25	1997 8:00am
Secr	etary of State

407-359-1902

Principal Place of Business 2a. Mailing Address										3. Date Incorporated or Qualified 09/03/1996		Date of Last R	·		
	3958 CAPMABY DRIVE					28. Mailing Address 26 3958 CAPNABY DRIVE					ra 2244422			oplied For ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired	Desired \$8.75 Additional Fee Required						
	City & State 3 OVIEDO FLOPIDA				City & State 28 OVIEDO, FZORI			D	6. E1		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 22 7	2765 25 USA					Zipi Coi			of this corporation has identify for intengri						
24 327		25 and	USA Address o	f Current F	29 32769 30 Registered Agent				<u>></u> n	Florida Statutes Yes No 10. Name and Address of New Registered Agent					l
GRAFF, SOPHIA 3958 CARINABY DRIVE						81 Name So PHIA FAO GRAFF 82 Street Address (P.O. Box Number is Not Acceptable) 3958 CAPA ABY DRIVE									
OVIE	DO FL 32	765				83				2128 COLLYBRA DRIVE					
								84	City				lor Zin	Codo	ĺ
									01	VIE		<u>FL</u>		765	ĺ
11. Pursuant to office or reagent. Las	lo the provis egistered ag m familiar w	iions (jent, (ith, ar	of Sections or both, in t nd accopt t	607.0502 a he State of he obligation	and 6 Flore ons o	07.1508, Florida Sta da: Such change wa I, Section 607.0505,	atutes, the al as authorize , Florida Stal	bove d by lutes	e-named o y the corpo s.	corpora oration's	tion submits this statement for the s board of directors. I hereby acc	purpose o	of changing it pointment as	ts registered registered	
	Signature, typed	or prin					NOTE Registere	d Age	eni egnature re	equired w		DATE	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		ا
12.	PD		OFFIC	ERS AND I	JIR (DELETE	13.	TI F		~	ADDITIONS/CHANGES TO OFF	ICERS AN	Change	Addition	Ş
NAME	GRAFF,	ROPI	-MA					1.2 NAME			ZAFF KENNETH		U. O. Mango	741.00	7
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CITY-ST-ZIP									ST-ZIP	OV	1EDO FL 32765			ĺ	S
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STREET ADDRESS									I ADDRESS					ĺ	1
CITY-ST-ZIP									ST-ZIP						l
	y certify tha	il the	information	supplied v	vith th	nis filing does not qu				ated in	Section 119.07(3)(i), Florida Statur signature shall have the same leg	eş. I furthı	er certify that	the	
informatio I am an ol appears li	n indicated flicer or dire n Block 12 c	on thi ctor c x Blo	is annual re of the corpo ck 13 if cha	port or superation or the inged of o	plem e rec n an :	iental annual report eiver or trustee emp attachment with an	is true and a powered to a address.	SX60	urate and t cute this re	that my oport as	signature shall have the same leg required by Chapter 607, Florida	pal effect a Statutes;	as if made un and that my i	der oath; that! name	