

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

FILED
May 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000083484 (1)

1. Corporation Name:

THE SUNSHINE LINE, INC.



Principal Place of Business

Mailing Address

3580 ALOMA AVE
SUITE 4
WINTER PARK FL 32782
US

3580 ALOMA AVE
SUITE 4
WINTER PARK FL 32782
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1996

4. FEI Number

58-3416707

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30

☒ Yes ☐ No

2. Principal Place of Business

21 3592 Aloma Ave.

Suite, Apt. #, etc.

22 Suite 3

City & State

23 Winter Park FL

Zip

24 32792

Country

25 USA

2a. Mailing Address

26 3592 Aloma Ave.

Suite, Apt. #, etc.

27 Suite 3

City & State

28 Winter Park FL

Zip

29 32792

Country

30 USA

9. Name and Address of Current Registered Agent

BEHRHORST, JAMES C
3885 SOUTH TROPICAL TRAIL
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

James C. Behrhorst

4/28/98

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BEHRHORST, JAMES C
STREET ADDRESS 3885 SOUTH TROPICAL TRAIL
CITY-ST-ZIP MERRITT ISLAND FL 32952 ☐ DELETE

TITLE D
NAME BEHRHORST, LEE D
STREET ADDRESS 3115 WASHINGTON PIKE
CITY-ST-ZIP BRIDGEVILLE PA 15017 ☐ DELETE

TITLE D
NAME CRAWFORD, JIM
STREET ADDRESS 3115 WASHINGTON PIKE
CITY-ST-ZIP BRIDGEVILLE PA 15017 ☐ DELETE

TITLE D
NAME KELLANDER, FRANK
STREET ADDRESS 3115 WASHINGTON PIKE
CITY-ST-ZIP BRIDGEVILLE PA 15017 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 supplemental annual 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 an attachment with an address.

SIGNATURE James C. Behrhorst

4/28/98

CR2E034 (10/97)