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PROFIT CORPORATION ANNUAL REPORT

. 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000008299**1. Corporation Name

SUNSHINE EXCHANGE, INC.

FILED Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90013 019 ***150.00

Principal Place of Business C/O BRAIN CAMPBELL 508 NE 190TH STREET MIAMI FL 33179		Mailing Address C/O BRAIN CAMPBELL 508 NE 190TH STREET						1 (B(10 10)) (CD)	
MIAMI- FE 3317	73	MIAMI FL 33179			2	DO NO Date Incorporated or Q	T WRITE IN THI	S SPACE	
					1	01/28/1997	uameu		
<u> </u>	Place of Business	2a. Mailing Address				FEI Number		A	oplied For
21		26			(65-0739972		No.	ot Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.	•			Certifcate of Status Des	sired 🗍	\$8.75	Additional
22		27						Fee R	equired
City & Sta	ite ·	City & State				Election Campaign Fina Trust Fund Contribution	-		May Be to Fees
Zip	Country	Zip	Cor	untry		This corporation owes t			to rees
24	25	29	30			Personal Property Tax.	ne current year ir	Yes	□No
	9. Name and Address of Currer			T		Name and Address of	New Registered		
	The state of the s	I THE FOR MEMORY IS	بين - سدر	81 Nam					
	HTMAN, JONATHAN J P.A.		•	82 Stree	at'Addrose (D.	O. Box Number is Not A	\noantable\		
	: Sanctuary Center, Suite D D N. Federal Hwy	-100			a Address (F.	C. BOX NUMBER IS NOT	(cceptable)	17.65	
	CA RATON FL 33431	•		83	4	_	··· 093		
	· · · · · · · · · · · · · · · · · · ·	•		84 City			FI	85 Zip	Code
office of i	t to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change w	as authorize	d by the cor	d corporation poration's boa	submits this statement and of directors. I hereby	for the purpose o	changing its intment as re	registered gistered
									j
SIGNATURE		nt and title if applicable.			a required when rein	nstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (nier nertw beniupes e 1A		DATE TO OFFICERS A	ND DIRECTO	
	Signature, typed or printed name of registered age OFFICERS AN		NOTE: Registered	d Agent signatur		nstating) DDITIONS/CHANGES		ND DIRECTO	PRS IN 12
12.	Signature, typed or printed name of registered age OFFICERS AN PSTD CAMPBELL, BRIAN \$	ID DIRECTORS	NOTE: Registered	d Agent signatur					
12.	Signature, typed or printed name of registered age OFFICERS AN PSTD CAMPBELL, BRIAN S 508 NE 190TH STREET	ID DIRECTORS	NOTE: Registered 13. E 1.1 TI 1.2 N	d Agent signatur	A.				
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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, with apother like empowered.

SIGNATURE: