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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000050090 (4)

SUNSHINE MARKETING & SERVICES, INC.

**FILED** Apr 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							I DINN BURN BURN	10#1 0011 1001		
141 NORTH SUNRISE DRIVE 141 NORTH SUNRISE DRI										
TAVERNIER FL 33070			TAVERNIER FL 33070							
					DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated o 06/01/1997	r Qualified			
	lace of Business	2a. Mailing Address	<u> </u>			4. FEI Number 65-075	0711	A	pplied For	
21		26 Suite Ant # 010			65-075	0170		ot Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired See Required Fee Required				
City & State	e	City & State	<del> </del>			6. Election Campaign F	6. Election Campaign Financing \$5.00 May Be			
23	[28]		- 1 - 2			Trust Fund Contribut	ion 🔲	bebbA	to Fees	
Zip	Country	Zφ	Cou	intry		8. This corporation owe				
24	25 29 30 30 30 September 25 29 30 30 September 25 30 30 September 25 September			Personal Property Tax due June 30.  Yes No  10. Name and Address of New Registered Agent						
		iii negistereo Agent		81	Name	10, Name and Address	OI New Hagisteret	ı wğenr		
PERRY, CAROLE D				"	Name				- 1	
	41 NORTH SUNRISE DRIVE		82 Street A			ddress (P.O. Box Number is N	ot Acceptable)			
T	AV <b>ER</b> NIER FL 33070		83					<del></del>		
			ľ	63					ľ	
				84	City		FI	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 Signature, typod or printed name of togestered agont and tall if applicable (NOTE Registered Agont signature required when reinstating)  OATE										
12. OFFICERS AND DIRECTORS						ADDITIONS/CHANGE	S TO OFFICERS AN	ID DIRECTOR	RS IN 12	
TITLE	President	DELETE	1.1 [1]	TLE				Change	Addition	
NAME	Frank S. Perry		1.2 NA	<b>ME</b>	1					
STREET ADDRESS IN I NOTEN Suntise DR.			1.3 ST	REETA	ADDRESS				J	
CITY-ST-ZIP	Towernier FL.	33010	1.4 CF	1Y-ST	- 7IP					
TITLE	Seay - Treus DELETE			2.1 TITLE				Change	☐ Addition	
NAME	Coxole D. Perry			2.2 NAME						
STREET ADDRESS	141 North Sunrise DR.		2.3 \$1	2.3 STREET ADDRESS					J	
CITY-ST-ZIP	Tavernier FL 33070			2. 4 CITY - ST- ZIP						
TITLE	☐ DELETE			3.1 TITLE				L. Change	☐ Addition	
NAME			3.2 NA	ME					İ	
STREET ADDRESS			3.3 ST	REET A	address					
CITY+ST-ZIP			3.4. CI	~	I - ZIP					
TITLE		DELETE	4.1 TIT					L Change	☐ Addition	
NAME			4. 2 N/	AME						
STREET ADDRESS			4.3 ST	REET A	ADDRESS				J	
CITY-ST-ZIP		Delega	4 4 Ci		-ZIP					
TITLE		☐ DELETE	5 1 TH		i			☐ Change	L Addition	
NAME			5 2 NA							
STREET ADDRESS			1		ADDRESS				ļ	
CITY-ST-ZIP		Dri cer	5.4 CII		- ZiP			Observe	1.444	
TITLE		☐ DELETE	6.1 TIT		,			L. Change	☐ Addition	
NAME			6.2 NA							
STREET ADORESS					ADDRESS				ļ	
CITY-ST-ZIP	pertify that the information supplied y	with this films class not a 100	6.4 CIT			in Section 110 07/9V/V Florida	Statutas 1 f with	onity that the	Information	

nereby 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 informatio 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.

4-13-98

305-852-6080