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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700063484

1. Corporation Name

SUNSHINE MULTIBANK AUTOMATED RELATIONSHIP TECHNO LOGIES, INC.

	e of Business	Mailing Address				-					
9441 WEST SAMPLE ROAD SUITE 205		9441 WEST SAMPLE ROAD SUITE 205									
CORAL SPRING	SS FL 33065	CORAL SPRINGS FL 330	<b>X</b> 65				DO NOT WRITE IN THIS SPACE				
						3.	Date Incorporated or Qualifed				
						}	07/23/19 <u>97</u>				
2. Principal P	Place of Business	2a. Mailing Address     4. FEI Number       26     65-076917       Suite, Apt. #, etc.     5. Certificate of S       27     City & State     6. Election Cam       Trust Fund Co					FEI Number		Appl	ied For	
21		26				1	65-0769170		Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					Conficate of Status Desired		-		
22		27				<b>)</b> 5.	Cernicate of Status Desired	- Fee	e Req	uired	
City & Stat	te	City & State				6.	Election Campaign Financing	<b>\$</b> 5.	00 iv	lay Be	
23	ين بيو بساست	28			. <u></u>	_	Trust Fund Contribution	Add	led to	Fees	
Zip Country		Zip	Cou	Country			8. This corporation owes the current year in			_ `	
24	25	29	30				Personal Property Tax.	Yes	;	)M(-	
	9. Name and Address of Curre	nt Registered Agent				10.	Name and Address of New Register	d Agent			
				81	Name						
	rfield, neil f			82	Street Addre	31 99¢	P.O. Box Number is Not Acceptable)				
GARFIELD & ASSOCIATES				02	Street Atlant	333 (r	.C. Boy Hamber is Not Accopiation				
9441	1 WEST SAMPLE ROAD, SUITE	205		83							
COR	RAL SPRINGS FL 33065			Ш				- 10-1	<del></del>		
				84	City		F	wes the current year Intangible Tax. Yes Yes ss of New Registers d Agent  Not Acceptable)  FL 85 Zip Code  ment for the purpose of changing its registered			
A. Durania nt	to the provisions of Systings 607.05	01 and 607 1508 Florida Stat	ti tes the a	hove	l e-named ccroc	oratio	on submits this statement for the purpose	of changing	g its re	egistered	
office crr	registered agent, or both, in the State	e of Florida. Such change was	s authorized	a by	the corporatio	n's b	oard of directors. I hereby accept the ap-	r ointment a	is regi	stered	
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505, F	Florida Stat	utes.	-						
SIGNATUFE		10.14	<del></del>		nt signature required	1 code a m	reinstating) DATE				
	Signature, typed or printed name of registered ag		13.	u Agen	il signature required		ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTOF	S IN 12	
12.							ADDITIONAL TO CONTINUE TO CONTINUE TO				
	<del></del>	ND DIRECTORS		ΠF				☐ Chai		Addition	
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	P DONALD PARSONS 9441 W SAMPLE RD		1.1 TI 1.2 N 1.3 S	AME TREET	T ADDRESS					Addition	
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14. Thereby 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 a lightness that I am an officer or Block 13 if changed or on an attachment with an address, with a lightness that I am an officer or Block 13 if changed or on an attachment with an address, with a lightness that I am an officer or Block 13 if changed or on an attachment with an address, with a lightness that I am an officer or Block 13 if changed or on an attachment with an address, with a lightness that I am an officer or Block 13 if changed or on an attachment with an address, with a lightness that I am an officer or Block 13 if changed or on an attachment with an address, with a lightness that I am an officer or Block 13 if changed or on an attachment with an address that I am an officer or Block 13 if changed or on an attachment with an address that I am an officer or Block 13 if changed or on an attachment with an address that I am a domestic and I am a do

SIGNING OFFICET: OR DIRECTOR

6 1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition