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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000095662 (7)

SUNSHINE TECHNOLOGY & SUPPLIES, INC.

Principal Place of Business Mailing Address 14230 SOUTH WEST 45TH TERRACE 14230 SOUTH WEST 45TH TERRACE MIAMI FL 33175 MIAMI FL 33175 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/05/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Country ŽiD Country 8. This corporation owes or has paid the currept year Intangible Personal Property Tax due June 30. Yes □ No 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name **BLANCO, MARAY** 14230 SOUTH WEST 45TH TERRACE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33175** 83 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. Change Addition TITLE 1.1 TITLE 1.2 NAME NAME 45 TH. TEXR STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE Addition TITLE 21 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4 1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP TITLE DELÉTE 6.1 TITLE ☐ Change Addition NAME **B.2 NAME** STREET ADDRESS 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 of results 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:

April 15, 1998 305-2272722

SIGNATURE:

April 15, 1998

FILED

Apr 21 1998 8:00am

Secretary of State