

AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90001 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000104816			
1. Corporation Name SUNSHINE ONLINE INC.			
Principal Place of Business 1109 NW 8TH STREET BOYNTON BEACH FL 33426		Mailing Address 1109 NW 8TH STREET BOYNTON BEACH FL 33426	
2. Principal Place of Business		2a. Mailing Address	
21	26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23	28		
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent			
CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BOULEVARD #211 PALM BEACH GARDENS FL 33418			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 FL 85			
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 qualifications of, said agent.			
SIGNATURE _____ DATE _____			
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		Change Addition	
1.2 NAME		Change Addition	
1.3 STREET ADDRESS		Change Addition	
1.4 CITY-ST-ZIP		Change Addition	
2.1 TITLE		Change Addition	
2.2 NAME		Change Addition	
2.3 STREET ADDRESS		Change Addition	
2.4 CITY-ST-ZIP		Change Addition	
3.1 TITLE		Change Addition	
3.2 NAME		Change Addition	
3.3 STREET ADDRESS		Change Addition	
3.4 CITY-ST-ZIP		Change Addition	
4.1 TITLE		Change Addition	
4.2 NAME		Change Addition	
4.3 STREET ADDRESS		Change Addition	
4.4 CITY-ST-ZIP		Change Addition	
5.1 TITLE		Change Addition	
5.2 NAME		Change Addition	
5.3 STREET ADDRESS		Change Addition	
5.4 CITY-ST-ZIP		Change Addition	
6.1 TITLE		Change Addition	
6.2 NAME		Change Addition	
6.3 STREET ADDRESS		Change Addition	
6.4 CITY-ST-ZIP		Change Addition	
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: _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date _____ Daytime Phone # _____			

CR2E034 (5/99)

7-14-99 561-364-1848
 Date Daytime Phone #