**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

## FILED Mar 09, 1999 8:00 am Secretary of State

1999 DIVISION OF CORPORATIONS  DOCUMENT # P9800000199  1. Corporation Name SUNSHINE PROMOTIONS & MARKETING, INC.						03-02-1			150.00	
Principal Place of	Business	Mailing Address								
235 SOMERSET W		235 SOMERSET WAY			1					
WESTON FL 33326		WESTON FL 33326				DO NOT W	RITE IN THIS	SPACE		
					3	Date Incorporated or Qualife 01/02/1998	d			
2. Principal Place	of Business	2a. Mailing Address			4	, FEI Number		<u> </u>	olled For	
21	<del></del>	26				65-080297	<del>,</del>	\$8.75 A	Applicable	
Suite, Apt. #, (	etc.	Suite, Apt. #, etc.			_	. Certifcate of Status Desired		Fee Re	quired	-
City & State		City & State	<b></b> -	,	6	<ol> <li>Election Campaign Financing</li> <li>Trust Fund Contribution</li> </ol>	"D., 👡	\$5.00 - Added to		
23 Zip	Country	Zip	Cou	intry	8	This corporation owes the ca	rrent year in			,
24	25 29 30				Personal Property Tax.					
	9. Name and Address of Curr				10	). Name and Address of New	Registered	Agent		
7000	THAT IS ADMINISTRATION			81 Name T	ìef	enthaler, Abi	rail		1	
TIEFENTHALER, ABIGAIL M 335 SOMERSET WAY				82 Street Ad	dresa	P.O. Box Number Is Not Acce			_	
	IN FL 33326			83	35	Somerset Way	<del> </del>			1
112310	14 LF 20050			83						
				84 City W	est	on	FL	85 Zip 0	26	[
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent of both, in the State of Florida Stuch change was authorized by the corporation agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.						on submits this statement for the	e purpose of	changing its	registered	
office or regis	stered agent or both, in the State	e of Florida. Such change was at actions to Section 507.0505, Flor	ithorized ida Stati	i by the corpora utes.	ition's i	board of directors, I hereby acc	ept the appo	intment as reg	Izisien	
SIGNATURE	U	1/1/				·_ ·	1/20	199		
Sign	nature, typed or parted name of registered ac			Agent signature requi	ired wher	ADDITIONS/CHANGES TO C	DATE CEINERS AN	6 DIRECTO	25 IN 12	98)
12.		ND DELETE	13.	ne I		ADDITIONS/CHANGES TO C	FFIQERS A	Change	Addition	11/
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ream:	mrunu iii iielen									\ <del>X</del>
			1	REET ADDRESS						E034
STREET ADDRESS	35-somerset wa	બ	1.3 \$1	· .						R2E034
STREET ADDRESS		બ	1.3 \$1	TY-ST-ZIP				☐ Change	☐ Addition	CR2E034 (11/98)
STREET ADDRESS J	35-somerset wa	7b.	1.3 ST 1.4 CT 2.1 TT 2.2 NV	TREET ADDRESS TY-ST-ZIP TILE				☐ Change	☐ Addition	CR2E034
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	35-somerset wa	7b.	1.3 ST 1.4 CT 2.1 TO 2.2 NV 2.3 ST	TREET ADDRESS TY-ST-ZIP TILE AME TREET ADDRESS				☐ Change	Addition	CR2E034
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I nereby ceruly that the information supplied with his hang does not quality for the exemption stated in Section 199.0(3)(i), Profide Statutes, Turner certify that the findinate indicated on this annual report or suppliemental 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 man attachment with an address, with all other like empowered.

SIGNATURE: \_

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR