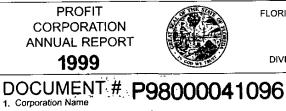
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90086 021 ***150.00



SUNSHINE RARITIES, INC.				
Principal Place of Business	Mailing Address	. (1981) 201 116 18101 46114 48114 88114 88114 4188 11914 4118 8114 4118 8114 4118 8114 4118 8114 4118 8114 4118 8114 4118 8114 4118 8114 4118 8114 4118 8114 4118 8114 4118 8114 81		
12283 CASCADES POINT DRIVE BOCA RATON FL 33428	12283 CASCADES POINT DRIVE BOCA RATON FL 33428	DO NOT WRITE IN THIS SPACE		
		3. Date Incorporated or Qualifed		

						05/06/1998			
2.	Principal Place of Business	2a.	Mailing Address			4. FEI Number		A	pplied For
21	·	26				650851142			lot Applicable
_	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
23	City & State	28	City & State			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
	Zip Country	29	Zip Co	untry		This corporation owes the current year Personal Property Tax.	ır Intangibi M∑Y		□No
24	25 9. Name and Address of Cur			T^{-}		10. Name and Address of New Registe	red Agen	t	
	PERICO, JILL T 12283 CASCADES POINT DRIVE BOCA RATON FL 33428			81 82 83	Name Street Addre	ess (P.O. Box Number is Not Acceptable)	FL 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, typed or printed name of registered agent and title if applicable (NOTO	E: Registered Agent signature require	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	- PD . □ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PERICO, JILL T	1.2 NAME	
STREET ADDRESS	12283 CASCADES POINT DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428	1.4 CITY-ST-ZIP	<u> </u>
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	•
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	· · ·
TITLE	☐ DELETE	3.1 TITLE	Change Addition
NAME		3.2 NAME	·
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4, 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	· ·
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
		64 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 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 all other like empowered.

SIGNATURE: