FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90068 045 ***158.75

0517087

DOCUMENT # **P98000087927**

1. Corporation Name
SUNNY BANKS ALF, INC.

Principal Place of Business	Mailing Address
582 SW BANKS TERRACE PORT ST LUCIE FL 34953	582 SW BANKS TERRACE PORT ST LUCIE FL 34953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 10/14/1998

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 65-0870082 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HAITHCOCK, KEVIN 1872 SW KIMBERLY AVE PORT ST LUCIE FL 34953	81 Name: Kimberly A. Cobb-Telo 82 Street Address (P.O. Box Number is Not Acceptable): 1872 SW Kimberly Ave. 83 84 City: Port St. Lucie, FL 85 Zip Code: 34953

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: Kimberly A. Cobb-Telo, Pres. — Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)
DATE: April 29, 1999

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	P/T/S/D	☒ Change ☒ Addition
NAME	HAITHCOCK, KEVIN		1.2 NAME	Kimberly A. Cobb-Telo	
STREET ADDRESS	1872 SW KIMBERLY AVE		1.3 STREET ADDRESS	1872 SW Kimberly Ave.	
CITY-ST-ZIP	PORT ST LUCIE FL 34953		1.4 CITY-ST-ZIP	Port St. Lucie, FL 34953	
TITLE	D	☒ DELETE	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	COBB/TELCO, KIM		2.2 NAME	Kevin T. Haithcock	
STREET ADDRESS	1872 SW KIMBERLY AVE		2.3 STREET ADDRESS	1872 SW Kimberly Ave.	
CITY-ST-ZIP	PORT ST LUCIE FL 34953		2.4 CITY-ST-ZIP	Port St. Lucie, FL 34953	
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		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: Kimberly A. Cobb-Telo, Pres. — 4-29-1999 — 561-878-7236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #