1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000096197

1. Corporation Name

SUNSHINE STOP SMOKING METHOD, INC.

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90103 011 ***150.00



Principal Place	e of Business	Mailing Address					
5130 NW 73RD WAY 5130 NW 73RD WAY							
FT. LAUDERDALE FL 33319 FT. LAUDERDALE FL 33319					DO NOT WRITE IN THIS SPACE		
				<u> </u>		IN THIS SEACE	
				3.	Date Incorporated or Qualifed		ì
					11/12/1998		red E
	lace of Business	2a. Mailing Address	•	1 -7	FELNumber COAL) ' '	olied For
21 3433 NW /ZZ AJE. 26 3433 NW			12-2 AU	<u> </u>	10 - 00 1700 U		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5.	. Certifcate of Status Desired [\$8.75 A	
22		27				Fee Red	quirea
City & State		City & State		6.	Election Campaign Financing	¬ \$5.00 ı	
23 FT. 1	LOUDERDALZ, Flo	28 PT, Laude	ROBIE F	4.	Trust Fund Contribution	Added to	
Zip	Country				. This corporation owes the current	: year Intangible 🎜 🎏	AAY
24 <i>333</i> ·	23 25 BROWSO	29 33323 30	Brown	RD	Personal Property Tax.		□No
	9. Name and Address of Current			10). Name and Address of New Reg	istered Agent	
			81 Name	e C	ANCY, Alice	W.	Į.
FRAI	82 Stree	t Address (P.O. Box Number is Not Acceptable				
8181	02 3000	7 7 3	30 N.co. 73 42	اس ۵۷٪			
PLAI	83	<u> </u>	, <u> </u>				
			84 City	FT. L	AUDEND4/E	FL 85 Zip C	
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes.	the above-name	d corporation	on submits this statement for the pu	rpose of changing its	registered
office or r	enistered agent or both in the State of	Horida. Such change was auth	onzea by the cor	poration's b	poard of directors. I hereby accept the	ne appointment as reg	gistered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes							
SIGNATURE? A . C 2 M. C ANCY S2C. TESAS. (LOCA Williams of registered agent and title if applicable:) (NOTE: Registered Agent signature required when reinstating) OATE							
12.	OFFICERS AND		13.	o required where	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	RS IN 12
TITLE	D OF TREETS AND	DELETE	1.1 TITLE	Cel		Change	Addition
	l 7		1.2 NAME	1011	ENTREAS. THEY PLIES W. TO NE 73 E LONG LAUDSEDALE, F	-	
NAME	CLANCY, MARY E			ورسي ار	20 72 M		\
STREET ADDRESS			1.3 STREET ADDRES	: • در سعم		er 52318	Ì
CITY-ST-ZIP	FT. LAUDERDALE FL 33319	DELETE	1.4 CITY-ST-ZIP	<u> </u>	LAUDELDAIL,	7. 5.35//	Addition
TITLE	D	DECETE	2.1 TITLE	12/1	incy, Many E.	Griango	
NAME	STEELE, DONNA C		2.2 NAME				,
STREET ADDRESS	5130 NW 73RD WAY		2.3 STREET ADDRES		33 N.W. 122 AVE.		
CITY-ST-ZIP	FT. LAUDERDALE FL 33319		2. 4 CITY-ST-ZIP	FT	housen vale, Pl.	33323	
TITLE	D	DELETE	3.1 TITLE	D	and the second of the second	Change	Addition
NAME	CLANCY, LAUREL		3.2 NAME	CIM	NCY LOURS	_	1
STREET ADDRESS	5130 NW 73RD WAY		3.3 STREET ADDRES				
CITY-ST-ZIP	FT. LAUDERDALE FL 33319		3.4. CITY-ST-ZIP		LAUSENSALE M.	3332 <u>3</u>	
TITLE	PRESIDENT	☐ DELETE	4.1 TITLE	D		Change	☐ Addition
NAME	Clarcy, MARY Z.		4. 2 NAME	5/3	52/2, DONNE C.	•	
STREET ADDRESS			4.3 STREET ADDRES		31 NW 26 + DRIVE	1	•
	STOOM WIZE AVE.	A/ 33723	4.4 CITY-ST-ZIP		of Strings Fl. 3.		}
CITY-ST-ZIP	FT. LAUDENDALE,	DELETE	51 TITLE	1 _	• •	☐ Channe	Addition
	1.5	[] occ./c	5.2 NAME	12/2	ACY, WICE W.	_	
NAME	STEELE, DONNA C.	•	5.3 STREET ADDRES	S C/4	ALT, RIVEL WI.	a . /	٠
STREET ADDRESS	1/081 Xu 26 th D	RIVE		ام کرد ا ^س	6 M.W. 73 == (0)	. 3×3 ε Ω	
CITY-ST-ZIP	COND SPERMS HE	33065	5.4 CITY-ST-ZIP	<i></i>	LOUDERDALZ, P.	: 335/7	
TITLE	<i> </i>	LJ DELETE	6.1 TITLE		-	☐ Change	☐ Addition
NAME	CLARCY, LAUNEL A.		62 NAME				
STREET ADDRESS	MA21 20 30 5 01	_	6.3 STREET ADDRES	is	-		i i

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:

CITY-ST-ZIP