## 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

## DOCUMENT # P98000099590

Corporation     SUNSHIN  Principal Place	E TRANSMISSIONS, INC.	Mailing Address				
2700 NORTH STATE ROAD 7 2700 NORTH STATE ROAD 7						
AUDERDALE FL 33313 LAUDERDALE FL 33313				DO NOT WRITE IN THIS SPACE		
LAKES, LAKES,			3. Date Incorporated or Qualifed			
,		, ,		11/30/1998		
2 Principal Pi	ace of Business	2a. Mailing Address			App	ied For
21	ace of Dusiness	26		4. FEI Number 65-0880093	2 Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	<b>\$8.75</b> Ad	1
22		27		5. Certificate of States Desired	Fee Req	uired
City & State	е	City & State	* 4.	6. Election Campaign Financing	\$5.00 N	- ,
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year li	ntangible Yes	INo
24	25	29 30	0!	Personal Property Tax.  10. Name and Address of New Registerer		
	9. Name and Address of Current	registered Agent	81 Name	1 1		
AMER	RILAWYER			ACOB MANDELBLUM	<del></del>	
343-ALMERIA AVENUE			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134			83	<del></del>	2212	
				LAUDGEDALE LAKES, [L.3	3313	242
			84 City	F	L 85 Zip Co	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named corp	poration submits this statement for the purpose	of changing its r	egistered
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.						stered
	() - OF OR MAJOR	Blum - YRES	DENT (X	Strander 4/2	119	1
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.			egistered Agent signature require		ND DIDECTOR	NO. IN 40
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	PSTD	☐ DELETE	1.1 TITLÉ	,	Criango	
NAME	MANDELBLUM, JACOB		1.2 NAME	•		
STREET ADDRESS	2700 NORTH STATE ROAD 7		1.3 STREET ADDRESS			
CITY-ST-ZIP	LAUDERDALE FL 33313	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change	Addition
TITLE	[ •	, DELL'IL	I I			-
NAME	DIAZ, NELSON		2.2 NAME 2.3 STREET ADDRESS			
STREET ADDRESS	2 <del>700 NORTH STATE ROAD 7</del> LAUDERDALE FL 33313		2.4 CITY-ST-ZIP			
CITY-\$T-ZIP	LAUDENDALE FL 33313	DELETE	3.1 TITLE		[ Change	Addition
TITLE			3.2 NAME	······································		-
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			1
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			Addition
TITLE		☐ DELETE	6.1 TTLE		☐ Change	☐ Addition
NAME			6.2 NAME	,		
CTOCCT ADDDCCC	i		6.3 STREET ADDRESS			

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.

6.4 CITY-ST-ZIP

STREET ADDRESS

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90020 046 \*\*\*150.00