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 # P98000107062 1. Corporation Name

SUNSHINE LOADING SERVICES, INC.

Principal	Place	of	Business	

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

8601 NORTHWEST 81ST ROAD #5 MIAMI FL 33166

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

8601 NORTHWEST 81ST ROAD #5

MIAMI FL 33166

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90151 031 ***150.00



ò

12/28/1998

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

FEI Number

Zip	Country	Zip		Journay		∤ 8.	. This corporation ow	-		L-1	Ų
24		29	30				Personal Property		☐ Yes	No	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
				81	Name		•				
SPURLOCK, RON			82	82 Street Address (P.O. Box Number is Not Acceptable)							
8601 NORTHWEST 81ST ROAD #5				dz Street Address (f . C. Box Harriger is the Acceptable)							
Miami	FL 33166			83							
				24	<u></u>				05 7	ip Code	
	•			84	City			1	FL 85 Z	ip Code	}
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on m familiar with, and accept the obligati	of Florida, Such chan	oe was authori	zea bv	the corpora	orporatio ation's b	on submits this statem coard of directors. I he	nent for the purpos ereby accept the a	e of changing ppointment as	its register registered	red
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	(NOTE: Regist	ered Agen	t signature recu	uired when	reinstating)	DAT	<u> </u>	_	- }
12.	OFFICERS AND			13.	. J.granico rode		ADDITIONS/CHANG			TORS IN 1	12
	D STREET			TITLE					☐ Chan		_
	SPURLOCK, RON		1	2 NAME							
	4180 A1A SOUTH		1,	.3 STREET	ADDRESS						- 1
	ST. AUGUSTINE FL 32086		1	.4 CITY-ST	-7IP						
TITLE	O1: 710 G00 11112 7 2 G2000	D		1 TITLE					Chang	ge 🔲 Ad	ddition
NAME			2	2 NAME	ĺ						- {
STREET ADDRESS			2	.3 STREET	ADDRESS						1
CITY-ST-ZIP			2	4 CITY-S	T-ZIP						
TITLE		D		1 TITLE					Chang	ge 🗀 Ad	ddition
NAME = -	المناهي المنافعين		3	2 NAMÉ	}-		, w * •·				- }
STREET ADDRESS			3	3 STREET	ADDRESS						}
CITY-ST-ZIP			3	.4, CITY-S	T- ZIP				·		
TILE		□ D	ELETE 4	.(TITLE					Chan	ge 🗀 Ad	ddition
NAME			4	. 2 NAME	1						
STREET ADDRESS			4	3 STREET	ADDRESS						
CITY-ST-ZIP			4	4 CITY-ST	-ZIP						}
TITLE		D	ELETE 5	1 TITLE					☐ Chan	ge 🗆 Ad	ddition
NAME			5	.2 NAME							
STREET ADDRESS			. 5	3 STREET	ADORESS		*				ţ
CITY-ST-ZIP		, ,	, 5	4 CITY-ST	r-ZIP						
TITLE		□ D	ELETE 6	1 TITLE					☐ Chan	ge □ Ac	ddition
NAME		.•	. 6	.2 NAME	-						1
STREET ADDRESS	-		6	3 STREET	ADORESS						ł
CITY-ST-ZIP			6	4 CITY-S	r-ZIP						
					4-4-412		n 410 07/2)(i) Florid		-41£ . 4L -4 AL	- :	!

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 toy 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 the receiver of the corporation of the

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable