

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murtham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S17719** (3)

1. Corporation Name

**SUNSHINE T & C CO. LTD, INC.**



Principal Place of Business

**180 S KNOWLES AVE  
SUITE 4  
WINTER PARK FL 32789  
US**

Mailing Address

**180 S. KNOWLES AVE. SUITE 4  
WINTER PARK FL 32789  
US**

3. Date Incorporated or Qualified  
**12/03/1990**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

21 **300 Adair Ave.**

Suite, Apt. #, etc.

22

City & State

23 **Longwood, Florida**

Zip

24 **32750**

Country

25 **U.S.A**

2a. Mailing Address

26 **300 Adair Ave.**

Suite, Apt. #, etc.

27

City & State

28 **Longwood, Florida**

Zip

29 **32750**

Country

30 **U.S.A.**

4. FEI Number

**59-3068756**

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**TSAI, HELEN TONG-SHE  
300 ADAIR AVE  
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent

81 Name

**TSAI, HUI-MIN**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **300 Adair Ave**

84 City

**Longwood**

**FL**

85 Zip Code

**32750**

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

*Hui-Min Tsa*

(Type, Printed, and Signature of person who is signing)

DATE

**4/26/96**

12. OFFICERS AND DIRECTORS

TITLE **DV** ☐ DELETE  
NAME **TSAI, HUI-PANG**  
STREET ADDRESS **184 MIN SHENG ROAD**  
CITY- ST- ZIP **CHI-CHI NANTOU, ROC**

TITLE **DV** ☐ DELETE  
NAME **CHIEN, REYMOND RUEY-MING**  
STREET ADDRESS **5F 388-10 TUN HUA S. RD.**  
CITY- ST- ZIP **TAIPEI, TAIWAN, ROC**

TITLE **DV** ☐ DELETE  
NAME **TSAI, HUI-MIN**  
STREET ADDRESS **300 ADAIR AVE**  
CITY- ST- ZIP **LONGWOOD FL**

TITLE **D** ☐ DELETE  
NAME **TSAI, HELEN TONG-SHEH YU**  
STREET ADDRESS **300 ADAIR AVE**  
CITY- ST- ZIP **LONGWOOD FL**

TITLE **PST** ☐ DELETE  
NAME **TSAI, HELEN TONG-SHEH YU**  
STREET ADDRESS **300 ADAIR AVE**  
CITY- ST- ZIP **LONGWOOD FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13.

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

**HUI-MIN TSAI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Hui-Min Tsa*

**4/26/96 (407) 628-5266**

Date

Day/Year/Phone #

CR2E034 (12/95)