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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$17719 1. Corporation Name SUNSHINE T & C CO. LTD, INC. Principal Place of Business Mailing Address 300 ADAIR AVE LONGWOOD FL 23750 US (3) Mailing Address 300 ADAIR AVE LONGWOOD FL 23750 8284 US										
US	•	03			3	 Date Incorporated or Qualified 12/03/1990 	1	ate of Last F	Report	
2. Principa	Place of Business	2a. Mailing Address			4	FEI Number	- 1		pplied For	
9		26				59-3068756			ot Applicable	
Suite, Ap	ol #, etc	Suite, Apt. #, etc.			5	Certificate of Status Desired		*	Additional equired	
City & Si	tate	City & State			6	Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip	Country 2750 25	Z ₁ p	Count	у	8	This corporation has liability for		tax under s		
	9. Name and Address of Currer		30)		10	, Name and Address of New R				
T	SAI, JUI-MIN		8	Name	TSA	I, HUI-MIN	- 			
	DO ADAIR AVE ONGWOOD FL 32750		8:	1	Address (P.O. Box Number is Not Accepta	ible)			
11. Pursua	nt to the provisions of Sections 607 050	02 and 607,1508, Florida Statute	es, the abo	7	d corporati	on submits this statement for the	FL purpose o	. 1	Code ts registered	
11. Pursua office c agent. SIGNATUR	nt to the provisions of Sections 607 050 or registered agent, or both, in the State I am familiar with, and accept the oblig F Stgrature, type 1 or philaid name of registered age	draw		ve-named by the cores.				. 1		
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14. Ido 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

HUI - MIN TSAI JAME OF BIGNING OFFICER OF DIRECTOR

DELETE

4/25/97 (407)628-5266

FILED

May 12 1997 8:00am

Secretary of State