Applied For

Fee Required

\$5.00 May Be

Added to Fees

Zip Code

85

Not Applicable

□No

FILED

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90119 027 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999

300 ADAIR AVE LONGWOOD FL 32750



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S17719 1. Corporation Name

SUNSHINE T & C CO. LTD. INC.

Mailing Address Principal Place of Business 300 ADAIR AVE 300 ADAIR AVE LONGWOOD FL 32750 LONGWOOD FL 32750 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/03/1990 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-3068756 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired 27 22 City & State City & State 6. Election Campaign Financing П 28 Trust Fund Contribution 23 Country 8. This corporation owes the current year Intangible Personal Property Tax. Country Zip Zip 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 TSAI, HUI-MIN

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.

82

83 84 City

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

SIGNATURE Signature, typed or pratted flame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DV DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TSAI, HUI-PANG	1.2 NAME	
STREET ADDRESS	184 MIN SHENG ROAD	1,3 STREET ADDRESS	
CITY-ST-ZIP	CHI-CHI NANTOU, ROC	1,4 CITY-ST-ZIP	
TITLE	DV DELETE	2,1 TITLE	☐ Change ☐ Addition
NAME	CHIEN, REYMOND RUEY-MING	2.2 NAME	
STREET ADDRESS	2F NO. 23 LANE 228 SEC 3 HO PING E ROAD	2.3 STREET ADDRESS	•
CITY-ST-ZIP	TAIPEI TAIWAN RO	2.4 CITY-ST-ZIP	
TITLE	PT DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TSAI, HÙI-MIN	3.2 NAME	•
STREET ADDRESS	300 ADAIR AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	
TITLE	DS DELETE	4,1 TITLE	☐ Change ☐ Addition
NAME	tsai, helen tong-sheh yu	4, 2 NAME	
STREET ADDRESS	300 ADAIR AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	
TITLE	PST DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	tsai, helen tong-sheh yu	5.2 NAME	
STREET ADDRESS	300 ADAIR AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	5.4 C/TY-ST-Z/P	
TITLE	DELETE	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS	,	6,3 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP		6.4 CITY-ST-ZIP	·

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.