

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S36768** (7)

1. Corporation Name
SUNSHINE FOOD STORE, INC.



Principal Place of Business: **2006 CURRY FORD ROAD ORLANDO FL 32806**
Mailing Address: **2006 CURRY FORD ROAD ORLANDO FL 32806**

3. Date Incorporated or Qualified: **03/05/1991**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3052870**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent
**CHOI, MYUNG WOO
2006 CURRY FORD RD.
ORLANDO FL 32806**

10. Name and Address of New Registered Agent
81. Name: **Lim, KYUNG Rim**
82. Street Address (P.O. Box Number is Not Acceptable): **2006 CURRY FORD RD**
83.
84. City: **ORLANDO** FL 85. Zip Code: **32806**

11. Pursuant to the provisions of Sections 607.0507 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: *[Signature]* DATE: **6/11/96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHOI, MYUNG WOO	
STREET ADDRESS	2006 CURRY FORD RD.	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Lim, KYUNG Rim	
3. STREET ADDRESS	2006 CURRY FORD RD	
4. CITY - ST - ZIP	ORLANDO, FL 32806	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY - ST - ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY - ST - ZIP		
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY - ST - ZIP		
25. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME		
27. STREET ADDRESS		
28. CITY - ST - ZIP		
29. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. NAME		
31. STREET ADDRESS		
32. CITY - ST - ZIP		
33. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
34. NAME		
35. STREET ADDRESS		
36. CITY - ST - ZIP		
37. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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45. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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51. STREET ADDRESS		
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53. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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57. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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73. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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79. STREET ADDRESS		
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81. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
82. NAME		
83. STREET ADDRESS		
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85. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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87. STREET ADDRESS		
88. CITY - ST - ZIP		
89. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
90. NAME		
91. STREET ADDRESS		
92. CITY - ST - ZIP		
93. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
94. NAME		
95. STREET ADDRESS		
96. CITY - ST - ZIP		
97. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
98. NAME		
99. STREET ADDRESS		
100. 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)(g), 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 recorder 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: *[Signature]* DATE: **6/20/96**

CR2E034 (12/95)