

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morlham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S37142 (4)
 1. Corporation Name
SUNSHINE INTERNATIONAL, LTD., INC.



Principal Place of Business BOX 5713 LAKELAND FL 33807	Mailing Address BOX 5713 LAKELAND FL 33807
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2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/07/1991	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3077171	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199 032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DIAMOND, D. JERRY
 10002 PRINCESS PALM AVENUE
 SUITE 304
 TAMPA FL 33619**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
1509 South Florida Ave., Suite 3
 83
 84 City **Lakeland** FL 85 Zip Code **33803**

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: *[Signature]* DATE: **8/6/96**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	CEO	<input type="checkbox"/>
NAME	DIAMOND, DONELL J	
STREET ADDRESS	10002 PRINCESS PALM AVE., SUITE 304	
CITY-ST-ZIP	TAMPA FL	
TITLE	VAS	<input type="checkbox"/>
NAME	KENNEDY, JAMES L	
STREET ADDRESS	10002 PRINCESS PALM AVENUE, #304	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/>
NAME	HOWE, DAVID	
STREET ADDRESS	10002 PRINCESS PALM AVE., SUITE 304	
CITY-ST-ZIP	TAMPA FL	
TITLE	VT	<input type="checkbox"/>
NAME	JOWKOWSKY, MICHAEL	
STREET ADDRESS	8 CUSHING ST	
CITY-ST-ZIP	PROVIDENCE RI	
TITLE	S	<input type="checkbox"/>
NAME	FANNIN, TERESA B	
STREET ADDRESS	10002 PRINCESS PALM AVE., SUITE 304	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS	1509 S. Fla. Ave., Suite 3		
14 CITY-ST-ZIP	Lakeland, FL 33803		
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS	1509 S. Fla. Ave., Suite 3		
24 CITY-ST-ZIP	Lakeland, FL 33803		
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS	1211 Tech. Blvd., Suite 101		
34 CITY-ST-ZIP	Tampa, FL 33619		
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS	1509 S. Fla. Ave., Suite 3		
54 CITY-ST-ZIP	Lakeland, FL 33803		
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 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 617, 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: **8/6/96** (941) 683-3333
TERESA B. FANNIN, SECRETARY OFFICER OR DIRECTOR

CR2E034 (3/96)