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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

S44689 **DOCUMENT #**

(5)

1.	Corporation Name	•			•	-,
	SUNSHINE	FURNITURE.	PATIO	AND	INTERIORS.	INC.

SUNS	Hine Furniture, Patio	AND INTERIORS, INC	C.			
Principal Place of	of Business	Mailing Address			E HODAIDIO DA BIBIE DEBEN DIINE HO	ICE SOIS OCOLO BIDEL OCOLO DIDLO BIDIT BIDICIDA
1115 US 1 VERO BEACH FL 32960		1115 US 1 VERO BEACH FL 3	2960			
					3. Date Incorporated or Qualified 04/11/1991	3a. Date of Last Report 03/31/1995
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21 Suite Ant #	etn	Suite, Apt. #, etc.			65-0256987	Not Applicable
Suite, Apt. #, etc.		27			Certificate of Status Desired	\$8.75 Additional Fee Required
Orty & State		City & State			6. Election Campaign Financing	□ \$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for i	ntangible tax under s. 199.032,
24	25	[29]	30			□No
	g. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New R	egistered Agent
WATER	MS, GAIL J.		01			
1115 U			82	Street Add	dress (P.O. Box Number is Not Acceptab	le)
	BEACH FL 32960		83			
12.10						
			84	City		FI 85 Zip Code
12.		ID D'RECTORS	Tel Fuggiered Again	r Sqirar ne erdin	ADDITIONS/CHANGES TO OFFI	
THLE	d Williams, gail J.	DELETE	1 1 TIFLE			Change Addition
NAME STREET ADDRESS	1685 20TH AVE. S.W.		1.2 NAME	***************************************		
CITY-SI-ZIP	VERO BEACH FL		13 STREET 14 CHY+S			
TITLE		DELETE	2 1 TIT. F	1-211		Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2 3 STHEE!	ADORESS		
CITY-ST-ZIP			24 CITY - S	T ZIP		
TITLE		☐ DELETE	3 1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			33 STREET			
TITLE		DELFTE	3.4 CITY - S 4.1 TITLE	T - ZIP		Change Addition
NAME			4 2 NAME			Change Xudition
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			44 C-17 - S			
TITLE		DELFTE	5 1 THUE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREE1	ADDRESS		
CITY - ST - ZIP		C Delete	5.4 CiTY - S	T - ZH		
TITLE		DELETE	E LTITLE			☐ Change ☐ Addition
NAME STREET ADDRESS			6.2 NAME	ADDOCCO		
STREET ADDRESS CITY - ST- ZIP			6.3 STREET			
14. I do hereby	certify that the information supplied	with this filing is voluntarily fun	64 City - S nished and does	not qualify	for the exemption stated in Section 119.6	07(3)(k), Florida Statutes. I further
certify that t	rie Information indicated ar. this ann	ua report or supplemental ann	tual report is tru	e and accur	ate and that my signature shall have the his report as required by Chapter 607, Flo	some legal effect as dimado undor -

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR