

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

FILED

Apr 17 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **S75055** (1)
1. Corporation Name
SUNSHINE STATE FUNDING CORP.



| | |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Principal Place of Business 9500 KOGER BLVD. SUITE 209 ST. PETERSBURG FL 33702 | Mailing Address 9500 KOGER BLVD. SUITE 209 ST. PETERSBURG FL 33702-2466 |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified 08/20/1991 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 59-3083242 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input 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 | |

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

9. Name and Address of Current Registered Agent
**ELKIN, BARRY M.
9500 KOGER BLVD.
SUITE 209
ST. PETERSBURG FL 33702**

| | |
|----------------------------------------------------------------------------------|--------------------------------|
| 10. Name and Address of New Registered Agent | |
| 81 Name ELKIN, BARRY M. | |
| 82 Street Address (P.O. Box Number is Not Acceptable) 9500 Koger Blvd. | |
| 83 Suite Suite 104 | |
| 84 City St. Petersburg | 85 Zip Code FL 33702 |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | P GORMAN, LUARA |
| STREET ADDRESS | 7033 GREENBRIER DR. |
| CITY - ST - ZIP | SEMINOLE FL 34847 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | VPS GORMAN, JOHN W. JR. |
| STREET ADDRESS | 7033 GREENBRIER DR. |
| CITY - ST - ZIP | SEMINOLE FL 34847 |
| 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 | |
|-------------------------------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | P GORMAN, LUARA |
| 1.3 STREET ADDRESS | 7033 Greenbrier Dr |
| 1.4 CITY - ST - ZIP | Seminole, FL 33777 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | VPS Gorman, John W. Jr. |
| 2.3 STREET ADDRESS | 7033 Greenbrier Dr. |
| 2.4 CITY - ST - ZIP | Seminole, FL 33777 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do 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 supplement to 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.

SIGNATURE:  **LAURA GORMAN** 4/14/97 813 576 3096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)