

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

**FILED**  
**Apr 15 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S76726 (6)**  
 1. Corporation Name  
**SUNSHINE BOUQUET COMPANY**



Principal Place of Business <b>2029 NW 89TH PLACE                  MIAMI FL 33172                  US</b>	Mailing Address <b>P. O. BOX 520885                  MIAMI FL 33172                  US</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 Suite, Apt #, etc. 22 City & State 23 Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt #, etc. 27 City & State 28 Zip Country		<b>3. Date Incorporated or Qualified</b> <b>08/28/1991</b>	<b>4. FEI Number</b> <b>65-0279476</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>6. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>9. Name and Address of Current Registered Agent</b> <b>CORPORATION COMPANY OF MIAMI</b> <b>201 S. BISCAYNE BOULEVARD</b> <b>1600 MIAMI CENTER</b> <b>MIAMI FL 33131</b>				<b>10. Name and Address of New Registered Agent</b>			
				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85 Zip Code	

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D SIMKO, JOHN D.</b>	1.2 NAME	
STREET ADDRESS	<b>3-A CHRIS COURT</b>	1.3 STREET ADDRESS	<b>8370 Ponce De Leon Rd</b>
CITY-ST-ZIP	<b>DAYTON NJ</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FL 33143</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D SIMKO, KATHLEEN</b>	2.2 NAME	
STREET ADDRESS	<b>3-A CHRIS COURT</b>	2.3 STREET ADDRESS	<b>8370 Ponce De Leon Rd</b>
CITY-ST-ZIP	<b>DAYTON NJ</b>	2.4 CITY-ST-ZIP	<b>MIAMI, FL 33143</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**14. 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.**

SIGNATURE: *John D. Simko* President      4/7/98      305-599-9600

CF2E034 (10/97)