
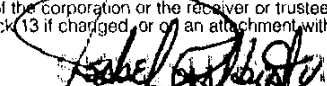


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S82041 (2)					
1. Corporation Name SUNSHINE BUS LINES, INC.					
Principal Place of Business 12307 GARNI CT ORLANDO FL 32837 US			Mailing Address 12307 GARNI CT SUITE 105-C ORLANDO FL 32837-7526 US		
2. Principal Place of Business			3a. Date of Last Report 05/01/1996		3. Date Incorporated or Qualified 09/23/1991
21. Suite, Apt. #, etc.			4. FEI Number 65-0287674		3b. Date of Last Report 05/01/1996
22. City & State			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Not Applicable
23. Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
24. Country			7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		
25. Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		
26. Country			9. Name and Address of Current Registered Agent GALBIATI, CARLOS 12307 GARNI COURT S102 ORLANDO FL 32837		
27. Country			10. Name and Address of New Registered Agent		
28. Country			81. Name		
29. Country			82. Street Address (P.O. Box Number is Not Acceptable)		
30. Country			83. City		
31. Country			84. 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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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 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:  REQUIRED					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4-24-97 Daytime Phone #: 407-856-4927					

CR2E034 (9/96)