

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V09393 (2)**

1. Corporation Name
SUNSHINE APPAREL, INCORPORATED



Principal Place of Business: **1610 NORTHGATE BL SARASOTA FL 34243 US**
Mailing Address: **1610 NORTHGATE BL SARASOTA FL 34234 US**

3. Date Incorporated or Qualified: **01/24/1992**
3a. Date of Last Report: **04/26/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0503497	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Country	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GEVERD, EMIL M.
1711 PALMA SOLA BLVD.
BRADENTON FL 34209**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
5328 Bimini
83
84 City **BRADENTON** FL 85 Zip Code **34210**

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 officer 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 registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEVERD, EMIL M.	1.2 NAME	
STREET ADDRESS	1711 PALMA SOLA BLVD.	1.3 STREET ADDRESS	5328 Bimini
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEVERD, VIRGINIA G.	2.2 NAME	
STREET ADDRESS	1711 PALMA SOLA BLVD.	2.3 STREET ADDRESS	5328 Bimini
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEVERD, BRIAN M.	3.2 NAME	
STREET ADDRESS	7613 THE PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEVERD, HEIDI H.	4.2 NAME	
STREET ADDRESS	7613 THE PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Emil M. Geverd* **4/30/96** **941-351-9308**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)