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

PROFIT A CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V0939

(2)

SUNSHINE APPAREL, INCORPORATED

FILED
May 06 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address						
1610 NORTHGATE BL 1610 NORTHGATE BL						
SARASOTA FL 34243		SARASOTA FL 34234		DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualified	TO OT FIGE
					01/24/1992	
6 Dilegia Di	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
	ace of Busiliess	├ ─ ┐			65-0503497	Not Applicable
21 Cuito Apt 4	# ato	Suite, Apt. #, etc.				\$8.75 Additional
Suite, Apt. #, etc.		 	27		5. Certificate of Status Desired	Fee Required
City & State			City & State		6. Election Campaign Financing	\$5.00 May Be
23		<u>⊢</u> ¬ '	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the	
24	25	<u> </u>	30	•	Personal Property Tax due June 30.	☐ Yes ☐ No
241	9. Name and Address of Cu		<u></u>		10. Name and Address of New Register	ed Agent ·
GEV	VERD, EMIL M.		8	1 Name		
			-	5 6 41	CO Development Assessment	
5328 BIMINI BRADENTON FL 34210			82 Street Ad		dress (P.O. Box Number is Not Acceptable)	
Drv	ADENTON I'L 34210		8	3		
			8	4 City	F	S5 Zip Code
11. Pursuant t	o the provisions of Sections 607.	.0502 and 607.1508. Florida Statutes	s, the abo	ve-named cor		
office or re	egistered agent, or both, in the S	itate of Florida. Such change was au	ithorized i	by the corpora	poration submits this statement for the purpos ation's board of directors. I hereby accept the	appointment as registered
ł	mammar with, and accept the o	bligations of, Section 607.0000, Flori	iou olalui	DO.		
SIGNATURE .	Signature typed or printed name of registere	d agent and title if applicable (NOTE:	Registered A	gent signature requ	uired whon reinstating) DA	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	GEVERD, EMIL M.		1.2 NAM	E		
STREET ADDRESS	5328 BIMINI		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		1.4 CITY	- ST - ZIP		
TITLE	D	☐ DELE TE	2.1 TITLE			Change
NAME	GEVERD, VIRGINIA G.		2.2 NAM	E		
STREET ADDRESS	5328 BIMINI		2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	BRADENTON FL			-ST-ZIP		
TITLE	DELETE 3.1 T		3.1 TITLE			Change Addition
NAME	GEVERD, BRIAN M.		3.2 NAM	E		
STREET ADDRESS	7613 THE PLAZA		3.3 STRE	ET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		3.4. CITY	'-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITU			☐ Change ☐ Addition
NAME	GEVERD, HEIDI H.		4. 2 NAN	1E		
STREET ADDRESS	7613 THE PLAZA		4.3 STRE	ET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		4.4 CITY	- ST-ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAM	ε		
STREET ADDRESS			5.3 STR	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY	- ST - ZIP		
TITLE		DELETE	6.1 TITL			Change Addition
NAME			6.2 NAM	E		
STREET ADDRESS			6.3 STAI	ET ADDRESS		
CITY-ST-ZIP				- 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 entanged, or on an attachment with an address.

Odl = 251...