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FILED

May 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V12540 (3)
1. Corporation Name
SUNSHINE WINE CONCEPTS INC.



Principal Place of Business
3505 W ATLANTIC BLVD
SUITE 1404
POMPANO BEACH FL 33069

Mailing Address
3505 W ATLANTIC BLVD
SUITE 1404
POMPANO BEACH FL 33069
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 22636 BLUE FIN TRAIL
Suite, Apt. #, etc.

22 City & State
BOCA RATON, FL

23 Zip Country
33428 USA

24

2a. Mailing Address

26 22636 BLUE FIN TRAIL
Suite, Apt. #, etc.

27 City & State
BOCA RATON, FL

28 Zip Country
33428 USA

29 30

3. Date Incorporated or Qualified

02/03/1992

4. FEI Number

65-0320836

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

SPIVAK, MARK
3505 W ATLANTIC BLVD
SUITE 1404
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name

SPIVAK, MARK

82 Street Address (P.O. Box Number is Not Acceptable)

22636 BLUE FIN TRAIL

83

84 City

BOCA RATON

FL

85 Zip Code

33428

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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/98

12. OFFICERS AND DIRECTORS

TITLE D
NAME SPIVAK, MARK
STREET ADDRESS 3505 W ATLANTIC BVD 1404
CITY-ST-ZIP POMPANO BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 in an attachment with any address.

SIGNATURE

Mark Spivak

4/29/98 (SG) 218-3811

CR2E034 (10/97)