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

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(1)

1. Corporation Name

SUNNYSIDE LEASING, INC.

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Principal Place of Business Mailing Address			r samer meinem state dettid elbeit datt dauft bilder delbei didt bilder fildit					
5500 ORANGE AVE. FT. PIERCE FL 34947		5500 ORANGE AVE. FT. PIERCE FL 34947						
					3. Date Incorporated or Qualified 03/31/1992	3a. Date o	of Last F	
2. Principa 21	a' Place of Business	2a. Mailing Address 26			4. FEI Number 65-0329732		├ ∔	Applied For Not Applicable
22	Vot #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required
Orty & S 23	State	City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.0 Adde	0 May Be od to Fees
Zη» [24]	Country 25	Zip 29]	Country 30		8. This corporation has liability for in Florida Statutes X Yes	intangible tax	under s	199.032,
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New R	egistered Ag	gent	
			81	Name				
	ER, JOESPH G. ORANGE AVE.		82	Street A	ddress (P.O. Box Number is Not Acceptab	le)		
	PIERCE FL 34947		83					
			84	City		FL	85 Zi	ıp Code
SIGNATUR	Styriature, typied or perited name of registered	agend and the People area (NO	OTE Registered Agen	l signature rec	jured when reinstating: ADDITIONS/CHANGES TO OFFI	DATE ICERS AND D	DIRECTO	ORS IN 12
MILE	∏ Ď	☐ DELETE	1 1 TITLE				Change	Addition
NAME	MILLER, JOSEPH G.	_	1.2 NAME			_		
STREET ADDRE			13 STREET	ADDRESS				
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14. To 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 cath that I am an officer or director of the perporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charged for on an attachment with an address.

6 4 CITY - ST - ZIP

SIGNATURE:以

CHY-S1-ZIE

OR DIRECTOR

2-26-96 407-461-1746
Detrine Priore

CR2E034 (12/95)