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

DOCUMENT # V26920

SUNNYSIDE LEASING, INC.

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Socretary of State 1998 DIVISION OF CORPORATIONS (1)

FILED Feb 06 1998 8:00am



<u></u>		·			
Principal Place of Businoss Mailing Address			Transmission and the state and add and		
5500 ORANGE AVE. FT. PIERCE FL 34947		5500 ORANGE AVE. FT. PIERCE FL 34947			
				DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualified 03/31/1992	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0329732	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30]	Personal Property Tax due June 30.	No
MII	9. Name and Address of Curr LER, JOESPH G.	rent Registered Agent	81 Name	10. Name and Address of New Registe	red Agent
	O ORANGE AVE.		00 00 01 00	(D.C. C. N. 1)	
	PIERCE FL 34947		82 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
			83		
			84 City		85 Zip Code
					F-L ' '
office or r agent. I a	ogistered agent, or both, in the Stam familiar with, and accept the obt	ite of Florida. Such change wa ligations of, Section 607.0505,	as authorized by the corpo Florida Statutes.	orporation submits this statement for the purporation's board of directors. I hereby accept the	appointment as registered
SIGNATURE	Signature, typod or printed name of registered a	group and life if an already	NOTE: Registered Agent signature re-	geirod when reinstaling) DA	11
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	0	DELETE	1 1 TITLE		Change Addition
NAME	MILLER, JOSEPH G.		1.2 NAME		
STREET ADDRESS	5500 ORANGE AVE. FT. PIERCE FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	1 II TIENOL TE	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 \$1REE1 ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
FITLE		☐ DELETE	3 1 TRLF		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CDY+ST-7IP 4.1 TITLE		Change Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 \$1REE1 ADDRESS		
CITY-ST-ZIP			4.4 C/TY - S1 - Z/P		
TITLE		☐ DELETE	5 1 INLF	•	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		,
CITY-ST-ZIP TITLE		DELETE	5.4 C(1Y - S1 - Z)P 6.1 T(1LE		Change Addition
NAME		_ Mulii	6.2 NAME		La preside Tal Voolboit
STREET ADDRESS			6.3 STREET ADDRESS		
City-ST-ZIP			6.4 CITY-S1-7/P		
	ertify that the information supplied	with this filing does not qualify		in Section 119.07(3)(i), Florida Statutes. I furthe	r certify that the information

indicated of this artifular report of supplemental artifular apport is true and accounted and transporting and that my signature shall have the same legal effect as it made under oarn; that I am an officer or director of the corporation or the receiver or furstee 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 attachmost with an address.

SIGNATURE: