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

**PROFIT CORPORATION ANNUAL REPORT** 

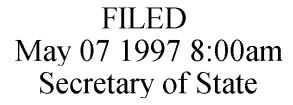


Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # V35034

(0)

CAMP SUNSHINE SUMMER DAY CAMP, INC.





Principal Place of Business Mailing Address				1 (40) 4 (400 4 ) (5) 4 (4) 4 (			
P.O. BOX 6504 HOLLYWOOD FL 33081		P.O. BOX 6504 HOLLYWOOD FL 33081					
					3. Date incorporated or Qualified 05/11/1992	3a. Date of Last Report 04/25/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 7000	SW22COURT	26 7000 S.W.	22 ('u	our t	65-0333867		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.  27 Suite 127	٠,٨		5. Certificate of Status Desired		.75 Additional
City & State	117E 16.1-2	27 Suite 127 City & State	<del>~</del>	·	A 51 - 12 - 0 - 1 - 5 - 1 - 1		ee Required
23 VA	W.E. Florida	28 Davie Fl.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution		
Zip	Country	Zip	Count		8. This corporation has liability for i	ntangible tax ur	ider s. 199.032,
24 333	17 25 13 ROWARD	29 33317	30 BA	ward		Yes 🗌 No	
	g. Name and Address of Curren	Registered Agent		1 Name	10. Name and Address of New Re	istered Agent	
	JGHTY, JANICE		ľ	Name			
	DIN. SURF ROAD #3		8	2 Street Ad	dress (P.O. Box Number is Not Acceptab	le)	
HUL	LYWOOD FL 33019		6	3			
				-			
			8	4 City		FL  85	Zip Code
office or r	registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida. Such change was	authorized	by the corpor	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose or change t the appointment	ging its registered ent as registered
SIGNATURE	Janua Hought				4	129/97	
	Signature, typed or printed name of registered age:  OFFICERS AND	-,		gent signature req	uired when reinstating)	DATE DIDE	OTODS (N. 40
12.	PD	DELETE	13.	<u> </u>	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	
NAME	DOUGHTY, JANICE		1.2 NAM	1			
STREET ADDRESS	1910 N. SURF ROAD #3		1.3 STRE	FT ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY	- \$1 · ZIP			
TITLE		DELETE	2.1 TITLE			☐ Cr	iange 🔲 Addition
NAME			2.2 NAM	ſ			
STREET ADDRESS				E1 ADORESS			
CITY-ST-ZIP TITLE		DELETE	2 4 City 3 1 Titl	r-ST-ZIP		☐ CH	iange Addition
NAME			32 NAM			<u> </u>	lange [ Addition
STREET ADDRESS			ď	ET ADDRESS			•
CITY-ST-ZIP				/-ST-ZIF			
TITLE		DELETE	4 1 TITLI			Cr	iange Addition
NAME			4 2 NAN	4E			
STREET ADDRESS			4 3 STRE	ET ADDRESS			
CITY-ST-ZIP		DELETE		- \$1 - ZIP		T 21	ange   Addition
title   Name		L_1 OUR (E	5 1 TITU			니다	ange Additio
STREET ADDRESS			5.2 NAM	ET ADDRESS			
CITY-ST-ZIP				-ST-7IP			
TITLE		DELETE	6 1 TITLE			□ cr	ange Addition
NAME			6.2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP				· \$1 - 21P			
	by certify that the information supplied	with this filing does not qual			ed in Section 119.07(3)(i). Florida Statutes	s. I further certif	y 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

(CAMP)