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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # V35034 (0) CAMP SUNSHINE SUMMER DAY CAMP, INC.				
		, , , , , ,		
Principal Plac	e of Business	Mailing Address		
7000 SW 22 (COURT	7000 SW 22 COURT		
SUITE 127-D		STE 127-D		DO NOT WRITE IN THE SPACE
Davie Fl 333 US	117	DAVIE FL 33317 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
03		03		05/11/1992
	lace of Business	2a. Mailing Address		4. FEI Number Applied For
	9 South University Dr	26 2879 South Un	iversity Driv	C 65-0333867 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	į,	5. Certificate of Status Desired \$8.75 Additional
22		City & State		Fee Required
City & State	- Florida		مدن	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23 	Country	28 Davie, Flor	Country	Trust Fund Contribution Added to Fees 6. This corporation owes or has paid the current ear Intangible
24 333	l-— a '	29 33328 3		Personal Property Tax due June 30. Yes No
	9. Name and Address of Current I		J. 21.2.2.21	10. Name and Address of New Registered Agent
DO	UGHTY, JANICE		81 Name	Janias Daughtu
	O N. SURF ROAD #3		82 Street A	Janice Doughly (ddress (P.O. Box Number is Not Acceptable)
	LLYWOOD FL 33019			Address (P.O. Box Number is Not Acceptable)
			83	nit #1601
			84 City	85 Zip Code
44 5	40	1007 1500 FILE OF THE	<u> ro</u>	rt Lauderdale FL 85 Zip Code 33324
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.				
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE	Signature, typed or printed name of registered agent a	and title if annicable (NOTE)	lanuu k legislered Agent signature r	required who reinacting) DATE
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	PD
NAME	DOUGHTY, JANICE		1.2 NAME	Doughty, Janice
STREET ADDRESS	1910 N. SURF ROAD #3		1.3 STREET ADDRESS	2131 S.W. 92 Terrace, Unit #1601
CITY-ST-ZIP	HOLLYWOOD FL			Fort Lauderdely Floride 33324
TITLE		☐ DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	2. 4 CITY - ST - ZiP	☐ Change ☐ Addition
TITLE NAME		☐ DETEIE	3.1 TITLE 3.2 NAME	LI Change LI Addition
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-\$T-2IP	
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	,
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		<u>-</u>	5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

CITY-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 changed, or on an attachment with an address.

(954)473- つつんて

FILED

Mar 03 1998 8:00am

Secretary of State