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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V52706

(1)

SUNSHINE STATE OSTRICH, INC.

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FILED
Apr 28 1998 8:00am
Secretary of State



102 IDYLLWILDE DR SANFORD FL 32771 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/18/1992 2. Principal Place of Business 26. Mailing Address 4. FEI Number Applied For 101 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State City & State City & State Country Zip Country B. This corporation owes or has paid the current year Intangible	Dringing Diago	of Dusiness	Mailwa Addross	· · · · · · · · · · · · · · · · · · ·			
### DO NOT WRITE INTHIS SPACE Substitution Sub	Principal Place of Business Mailing Address				·		
2. Principal Place of Business 2a. Marking Actoress 4. PET Number Applied For 1971 1872 1875							
Principal Place of Business 2x Mailing Auddress 3x Mailing Auddress 4. FET Northole Applied For			• · · · · • · · • · · · · · · · · · · ·				
2. Multiple Proces of Business 2. Multiple Activities 2. Multiple						l	
Suile, Apr #, etc. 20	A Original Dis		De Mailing Address				
Sulio, Apt. #, etc Sulio, Ap			 				
City & State						S8 75 Additional	
City & State 28 29 Country 29 Country 20 Country 20 20 Country 30 Country 30 Country 40 Enclose property Tax does pure fivancing	eality, rept. in, site.		 			I R Continoste of Status Desired I I	
20 Country Zrp Country Zrp Country B. This corporation was or has paid for upured year inargible Personal Property Tax dive June 30. Yes No	City & State					6. Election Campaign Financing \$5.00 May Ba	
Personal Property Tax due June 20	23	28					
### WILLIAMS, ROBERT OR 102 DYLLWILDE DR SANFORD FL 32771 ### ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 ### ADD	Zip	Country	Zip	Cour	ntry		
WILLIAMS, ROBERT DR 102 OYTLWILDE DR SANFORD FL 32771 83 84 64 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0.02 and 607 1508. Floridal Statutes, the above-morphism is board of directors. I hereby accept the appointment as registered agent, or both, in the State of Torida. Such change was authorized by the componition's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the collegations of, Section 607 0505, Floridal Statutes, the above-morphism is board of directors. I hereby accept the appointment as registered agent, and terminar with, and accept the collegations of, Section 607 0505, Floridal Statutes, the above-morphism is board of directors. I hereby accept the appointment as registered agent, agent agen	24			30			
WILLIAMS, NOBERT DR SANFORD FL 32771 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 (0.02 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. an intellige with, and accept the collegions of Socio, Fordida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. an intelligible with and accept the collegions of Socio, Fordida Statutes. SIGNATURE SIGNATURE D			nt Registered Agent		P1 Nor		
SANFORD FL 32771 B3				l	1401	Name	
B3				82 Street A		Street Address (P.O. Box Number is Not Acceptable)	
### City ### B& Zip Code 11. Pursuant to the provisions of Scations 607 0.502 and 607 1508. Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both in the State of Floridal Statutes, the above-named corporation's board of directors.) hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Scation 60505, Floridal Statutes. SIGNATURE 12.	SAI	NFORD FL 32771		-	R3		
11. Pursuant to the provisions of Soctions 6/12/0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, 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 agent of the change in the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Change in the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Change in the Ch							
11. Preparant to the provisions of Societies 607 ONOS and 607 1508, Fibrida Statutes, this above-named corporation submits this statement for the purpose of changing its registered agent. I am femiliar with, and accept the obligations of, Societies 607 05905, Florida Statutes. SIGNATURE Continue				[84 City	City 85 Zip Code	
office or registered agent, or bott, in the State of Floride, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or bott, in the State of Floride, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or bott, in the State of Floride, Such change sequence agent, or bott, in the State of Floride, Such change sequence agent, or bott, in the State of Floride, Such change sequence agent, or bott, in the State of Floride, Such change sequence agent, or bott, in the State of Floride, Such change sequence agent, or bott, in the State of Floride, Such change sequence agent, or bott, in the State of Floride, Such change sequence agent, or bott, in the State of Floride, Such change sequence agent, or bott, in the State of Floride, Such change sequence agent, or bott, in the State of Floride, Such change sequence agent, or bott, in the State of Floride, Such change sequence agent, or bott, in the State of Floride, Such change sequence agent, or bott, in the State of Floride, Such change sequence agent, or bott, in the State of Floride, Such change sequence agent, or bott, in the State of Floride, Such change sequence agent, or bott, in the State of Floride, Such change sequence agent, or bott, in the State agent, and the sequence agent, and then remarked about the remarkable sequence agent sequence agent sequence agent sequence agent sequence agent sequence agent sequence and then remarked about the remarkable sequence agent sequen	11 Pursuant to	o the provisions of Sections 607 050	02 and 607 1508. Florida Statu	tes, the ab	ove-nam	named corporation submits this statement for the purpose of changing its registered	
SIGNATURE Signature, hybrid or private name of registered topy of sens to in Engineering 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12.	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.						
12.							
TITLE							
NAME WILLIAMS, ROBERT DR 12 NAME 13 STREET ADDRESS 102 IDYLLWILDE DR 13 STREET ADDRESS 14 CITY-ST-ZIP	12.	OFFICERS AN		13.			
STREET ADDRESS 102 IDYLLWILDE DR	TITLE		L DELETE	1.1 TIT	LE	Change L_ Addition	
CITY_ST_ZIP	NAME			1.2 NA	ME		
DELETE					REET ADDRE	DORESS	
NAME WILLIAMS, AUDREY 102 IDYLLWILDE DR 23 STREET ADDRESS		The state of the s					
STREET ADDRESS 102 IDYLLWILDE OR 23 STREET ADDRESS 2.4 CITY-ST-ZIP						Change Li Auditon	
CITY-ST-ZIP SANFORD FL						200100	
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CITY-SI-ZIP 6.4 CITY-SI-ZIP						norce	
14. Thereby 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						i	
	14. I bereby o	ertify that the information supplied v	vith this filing does not qualify	6.4 CH for the exe	mption s	on stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	

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.

Dr. L TW War

Dr. Side