

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V58055
1. Corporation Name

SUNSHINE FARMS POULTRY, INC.

6-25-96 B-7098-C
(7)



Principal Place of Business Mailing Address
P.O. BOX 10595 RIVERIA BEACH FL 33419 P.O. BOX 10595 RIVERIA BEACH FL 33419

3. Date Incorporated or Qualified **08/17/1992** 3a. Date of Last Report **05/01/1995**
4. FEI Number **65-0363562** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	BRAMAN, WILLIAM	
STREET ADDRESS	3875 FISCAL COURT, #250	
CITY-ST-ZIP	RIVERIA BEACH FL	
TITLE	D	<input type="checkbox"/>
NAME	BRAMAN, ARNOLD	
STREET ADDRESS	3875 FISCAL COURT, #250	
CITY-ST-ZIP	RIVERIA BEACH FL	
TITLE	TSVD	<input type="checkbox"/>
NAME	BRAMAN, STEVEN	
STREET ADDRESS	3875 FISCAL CT 250	
CITY-ST-ZIP	RIVERIA BEACH FL 33419	
TITLE	D	<input type="checkbox"/>
NAME	MINTZ, DEL	
STREET ADDRESS	3875 FISCAL CT 250	
CITY-ST-ZIP	RIVERIA BEACH FL 33419	
TITLE	D	<input type="checkbox"/>
NAME	BYRD, BARRY	
STREET ADDRESS	4400 PGA STE 800	
CITY-ST-ZIP	P.B.G. FL	
TITLE	V	<input checked="" type="checkbox"/>
NAME	MILLER, WADE	
STREET ADDRESS	3875 FISCAL COURT, #250	
CITY-ST-ZIP	RIVERIA BEACH FL 33419	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Steve Braman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/96 (407) 861-4500
DATE Digital Phone #

CR2E034 (3/96)