FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 MAY -1 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **346329** **(6)**

1. Corporation Name
3290 SUNRISE INVESTMENTS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
3291 W. SUNRISE BLVD. FT. LAUDERDALE FL 33311	3291 W. SUNRISE BLVD. FT. LAUDERDALE FL 33311

3. Date Incorporated or Qualified: 05/16/1969
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-1270576	☐ Applied For ☐ Not Applicable
21	26 3501 W. Sunrise Blvd.		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 Ft. Lauderdale, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 33311 / Country 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TURBYFILL, HAROLD 1000 N ST RD #7 MARGATE FL 33063	81 Name: Shyrlee D. Skorup 82 Street Address (P.O. Box Number is Not Acceptable): 2000 N. State Road 7 83: Concession Annex #2 84 City: Margate FL 85 Zip Code: 33063

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 Shyrlee D. Skorup Shyrlee D. Skorup 4/26/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when mandating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P/D	☒ Change ☐ Addition
NAME	TURBYFILL,HAROLD	12 NAME	Betty Henn	
STREET ADDRESS	1000 N. STATE ROAD 7	13 STREET ADDRESS	2000 N. State Road 7	
CITY-ST-ZIP	MARGATE FL	14 CITY-ST-ZIP	Margate, FL 33063	
TITLE	D	21 TITLE	V/D	☒ Change ☐ Addition
NAME	TURBYFILL, NETTIE	22 NAME	Lori N. Parrish	
STREET ADDRESS	1000 N. STATE ROAD 7	23 STREET ADDRESS	2000 N. State Road 7	
CITY-ST-ZIP	MARGATE FL	24 CITY-ST-ZIP	Margate, FL 33063	
TITLE	D	31 TITLE	S/T/D	☒ Change ☐ Addition
NAME	HENN, BETTY	32 NAME	Preston Henn	
STREET ADDRESS	1000 N. STATE ROAD 7	33 STREET ADDRESS	2000 N. State Road 7	
CITY-ST-ZIP	MARGATE FL	34 CITY-ST-ZIP	Margate, FL 33063	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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.

SIGNATURE Lori Parrish Lori Parrish V.P. 4/24/95 (305) 791-7927
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

0220178 CP