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DIVISION OF CORPORATIONS

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 716735 (6)

1. Corporation Name

THE SUNRISER CONDOMINIUM INC.

Principal Place of Business

Mailing Address

5971 NORTHWEST 17TH PLACE
SUNRISE FL 33313

5971 NORTHWEST 17TH PLACE
SUNRISE FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/13/1969 3a. Date of Last Report 04/14/1994

4. FEI Number 59-1356571 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

HARRIOTT, BYRON
4156 SW 24TH ST
FT. LAUDERDALE FL 33317

10. Name and Address of New Registered Agent

B1 Name Cynthia D. Fung (President)
B2 Street Address (P.O. Box Number is Not Acceptable) 1001 NW 104th Avenue
B3
B4 City Plantation FL B5 Zip Code 33322

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 Cynthia Fung 2/15/95
(Signature typed or printed name of registered agent and his or her applicable. (NOTE: Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	JISA, VALER
STREET ADDRESS	5409 HARRISON ST
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	ST
NAME	RHODEN, PAULINE
STREET ADDRESS	5971 NW 17TH PL #111
CITY-ST-ZIP	SUNRISE FL
TITLE	D
NAME	MORAN, BERNIE
STREET ADDRESS	5971 NW 17TH PL #202
CITY-ST-ZIP	SUNRISE FL
TITLE	D
NAME	RESNICK, PHILIP
STREET ADDRESS	5971 NW 17TH PL #212
CITY-ST-ZIP	SUNRISE FL
TITLE	D
NAME	IZZO, ANGELO
STREET ADDRESS	5971 NW 17TH PL #103
CITY-ST-ZIP	SUNRISE FL
TITLE	D
NAME	CADETTE, JOE
STREET ADDRESS	5971 NW 17TH PL #102
CITY-ST-ZIP	SUNRISE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Byron Harriott	
1.3 STREET ADDRESS	1651 NW 59 WAY	
1.4 CITY-ST-ZIP	SUNRISE FL 33313	
2.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Leonie Spence	
2.3 STREET ADDRESS	5017 SW 121 ST	
2.4 CITY-ST-ZIP	COOPER CITY FL 33330	
3.1 TITLE	D Phillip Resnick	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	5971 NW 17th Pl. Apt 212	
3.3 STREET ADDRESS	Sunrise FL 33313	
3.4 CITY-ST-ZIP		
4.1 TITLE	D Winston Clarke	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	5971 NW 17th Pl. Apt 112	
4.3 STREET ADDRESS	Sunrise FL 33313	
4.4 CITY-ST-ZIP		
5.1 TITLE	D Steven Janvier	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	5971 NW 17th Pl. Apt 102	
5.3 STREET ADDRESS	Sunrise FL 33313	
5.4 CITY-ST-ZIP		
6.1 TITLE	Aurel Caisain	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	5971 NW 17th Pl. Apt 209	
6.3 STREET ADDRESS	Sunrise FL 33313	
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 my address.

SIGNATURE: Byron Harriott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR