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FILED
Feb 28 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # K21528 (0)

1. Corporation Name
1075 SUNRISE CORP.



Principal Place of Business: **11400 SR 84 DAVIE FL 33325**
 Mailing Address: **11400 SR 84 DAVIE FL 33325-4037**

3. Date Incorporated or Qualified: **04/21/1988**
 3a. Date of Last Report: **01/25/1996**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields.

4. FEI Number: **65-0064202**
 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

9. Name and Address of Current Registered Agent
COSTELLO, JAMES J., JR.
700 NW 100 TERR
PLANTATION FL 33324

10. Name and Address of New Registered Agent (81-85) fields.

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]* **JAMES J COSTELLO JR** 1/4/97
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, KEVIN C.	1.2 NAME	Cook, Kevin C.
STREET ADDRESS	90 NW 128TH AVE.	1.3 STREET ADDRESS	13030 NW 5TH ST
CITY - ST - ZIP	PLANTATION FL	1.4 CITY - ST - ZIP	PLANTATION FL. 33324
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTELLO, JAMES J. JR	2.2 NAME	/
STREET ADDRESS	700 NW 100 TERR	2.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	2.4 CITY - ST - ZIP	
TITLE	VTD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JEREL M.	3.2 NAME	MILLER, JEREL M.
STREET ADDRESS	680 NW 100 TERR	3.3 STREET ADDRESS	9830 SW 15TH AVE
CITY - ST - ZIP	PLANTATION FL	3.4 CITY - ST - ZIP	DAVIE FL. 33324
TITLE	DS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTELLO, JAMES J. S	4.2 NAME	/
STREET ADDRESS	6801 NW 8TH CT.	4.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM LEE DAVIDSON	5.2 NAME	
STREET ADDRESS	11400 SR 84	5.3 STREET ADDRESS	
CITY - ST - ZIP	DAVIE FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *[Signature]* **JAMES J COSTELLO JR** 1/4/97 957-423-9030
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)