## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M66042

(6)

SUNRISE APPLIANCE, INC.

**FILED** Feb 17 1998 8:00am Secretary of State



| Principal Pla                                      | ce of Business                               | Mailing Address                                                              |                                       |                                                     |                                                 | ] #[                                   |
|----------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------|-------------------------------------------------|----------------------------------------|
| 1111 SW 21                                         |                                              | 1111 SW 21ST AVE.                                                            |                                       |                                                     |                                                 |                                        |
| FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312    |                                              |                                                                              |                                       |                                                     | DO NOT WRITE IN T                               | THIS SPACE                             |
|                                                    |                                              |                                                                              |                                       |                                                     | 3. Date Incorporated or Qualified               | TIIO OF ACL                            |
|                                                    |                                              |                                                                              |                                       |                                                     | 01/21/1988                                      |                                        |
| 2. Principal Place of Business 2a. Mailing Address |                                              |                                                                              | · · · · · · · · · · · · · · · · · · · |                                                     | 4. FEI Number                                   | Applied For                            |
| 21                                                 |                                              | 26                                                                           |                                       | 65-0027183                                          | Not Applicable                                  |                                        |
| Suite, Apt. #, etc.                                |                                              | Suite, Apt. #, etc.                                                          |                                       | 5. Certificate of Status Desired                    | \$8.75 Additional                               |                                        |
| City & State                                       |                                              | City & State                                                                 |                                       |                                                     | Fee Required                                    |                                        |
| 23                                                 |                                              | 28                                                                           |                                       | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be<br>Added to Fees                  |                                        |
| Zιρ                                                |                                              |                                                                              | Country                               |                                                     | B. This corporation owes or has paid the        |                                        |
| 24                                                 | 25 29 30                                     |                                                                              | 30                                    |                                                     | Personal Property Tax due June 30.              | Yes No                                 |
|                                                    | 9. Name and Address of Cu                    | irrent Registered Agent                                                      |                                       |                                                     | 1D. Name and Address of New Registe             | réd Agent                              |
|                                                    | REGO, DAVID                                  |                                                                              | 81                                    | Name                                                |                                                 |                                        |
| 1                                                  | 10 N.W. 15TH ST.                             |                                                                              | 82                                    | Street Addr                                         | ress (P.O. Box Number is Not Acceptable)        |                                        |
| ) કા                                               | UNRISE FL 33313                              |                                                                              | 83                                    | <u> </u>                                            |                                                 | —————————————————————————————————————— |
|                                                    |                                              |                                                                              | 0.5                                   | '                                                   |                                                 |                                        |
|                                                    |                                              |                                                                              | 84                                    | City                                                | 1                                               | FL 85 Zip Code                         |
| 11. Pursuant                                       | to the provisions of Sections 607            | 0502 and 607 1508. Florida Statut                                            | es the abov                           | /e-named corr                                       | poration submits this statement for the purpo   |                                        |
| office or                                          | registered agent, or both, in the S          | State of Florida, Such change was a<br>obligations of, Section 607,0505, Flo | authorized b                          | y the corporat                                      | tion's board of directors. I hereby accept the  | appointment as registered              |
| "                                                  | ana izaninar with, ong zocopi ino o          | rongations of, Section 667,0565, Fic                                         | UNION STATULE                         | ъ.                                                  |                                                 |                                        |
| SIGNATURE                                          | Signature, typed or prefed name of registere | ed agent and title if applicable (NOTI                                       | E. Registered Ag                      | ent signature requir                                | red when reinstating) DA                        | ντε                                    |
| 12.                                                |                                              | AND DIRECTORS                                                                | 13.                                   | <u></u>                                             | ADDITIONS/CHANGES TO OFFICERS                   |                                        |
| TITLE                                              | PD DAVED                                     | ☐ DELETE                                                                     | 1.1 TITLE                             |                                                     |                                                 | Change Addition                        |
| NAME                                               | 44400 CW 40 CT                               |                                                                              | 1.2 NAME                              |                                                     |                                                 |                                        |
| STREET ADDRESS                                     | DAVIE EI                                     |                                                                              |                                       | f ADDRESS                                           |                                                 |                                        |
| CITY-ST-ZIP<br>TITLE                               | ST                                           | DELETE                                                                       | 1.4 C/TY-<br>2 1 1/TLE                | ST - ZIP                                            |                                                 | Change Addition                        |
| NAME                                               | GREGO, DAWN V                                | - OCELETE                                                                    | 22 NAME                               |                                                     |                                                 | C Ollarge C Applifor                   |
| STREET ADDRESS                                     | 14400 SW 18 ST                               |                                                                              |                                       | 1 ADDRESS                                           |                                                 |                                        |
| CITY-ST-ZIP                                        | DAVIE FL                                     |                                                                              | 2 4 City-                             |                                                     |                                                 |                                        |
| TITLE                                              | ☐ DELETE                                     |                                                                              | 31 TITLE                              |                                                     |                                                 | ☐ Change ☐ Addition                    |
| NAME                                               |                                              |                                                                              | 3.2 NAME                              |                                                     |                                                 |                                        |
| STREET ADDRESS                                     |                                              |                                                                              | 3 3 STREE                             | T ADDRESS                                           |                                                 | ſ                                      |
| CITY-ST-ZIP                                        |                                              |                                                                              | 3.4. CITY-                            | ST-7IP                                              |                                                 |                                        |
| TITLE                                              | _···                                         |                                                                              | 41 TITLE                              |                                                     |                                                 | Change Addition                        |
| NAME<br>ATMET ADODESS                              |                                              |                                                                              | 4 2 NAME                              | 1                                                   |                                                 | ļ                                      |
| STREET ADORESS                                     |                                              |                                                                              |                                       | T ADDRESS                                           |                                                 |                                        |
| CITY-ST-ZIP<br>TITLE                               |                                              | ☐ DELETE                                                                     | 51 THILE                              | 31 - EP                                             |                                                 | Change Addition                        |
| NAME                                               | · •                                          |                                                                              | 5 2 NAME                              |                                                     |                                                 | C cusualo C vontion                    |
| STREET ADORESS                                     |                                              |                                                                              |                                       | T ADDRESS                                           |                                                 |                                        |
| CITY-ST-ZIP                                        |                                              |                                                                              | 5.4 CITY-1                            |                                                     |                                                 |                                        |
| TITLE                                              |                                              |                                                                              | 61 TITLE                              |                                                     |                                                 | Change Addition                        |
| NAME                                               |                                              |                                                                              | 62 NAME                               |                                                     |                                                 | 1                                      |
| STREET ADDRESS                                     |                                              |                                                                              | 6.3 STREE                             | I ADDRESS                                           |                                                 |                                        |
| CITY-ST-ZIP                                        |                                              |                                                                              | 6.4 CITY-5                            |                                                     |                                                 |                                        |
| 14. I hereby i                                     | certify that the information supplied        | ed with this filing does not qualify fo                                      | or the exercit                        | stion stated in !                                   | Section 119 07(3)(i) Florida Statutes, I furthe | or cortify that the information        |

of the control of the

SIGNATURE: