

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N19427 (6)

1. Corporation Name

SUNRISE POPS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 2: 15

Principal Place of Business

9525 W OAKLAND PARK BLVD
SUNRISE FL 33351

Mailing Address

9525 W OAKLAND PARK BLVD
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1987

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2798245

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

9. Name and Address of Current Registered Agent

PEARC DAN
2700 SUNRISE LAKES DR. WEST- 303
SUNRISE, FL 33322 FL 33321

10. Name and Address of New Registered Agent

81 Name

PEARL DAN

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 resigning)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	PD
NAME	PEARE DAN
STREET ADDRESS	2700 SUNRISE LAKES DR. WEST- 303
CITY-ST-ZIP	SUNRISE FL 33322
TITLE	T
NAME	TAYLOR, SY (FIRST VP)
STREET ADDRESS	1621 NW 85TH TERR
CITY-ST-ZIP	PLANTATION FL
TITLE	VD
NAME	MITTLEMAN RUTH
STREET ADDRESS	2850 SUNRISES LAKES DR. WEST -209
CITY-ST-ZIP	SUNRISE FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	PEARL, DAN
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	MITTLEMAN, RUTH
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
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 110.07(3)(b), Florida Statutes. I further certify that the information indicated in 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 117, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/95

Date

(Signature Required)