

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 06 1996 8:00 am
Secretary of State

DOCUMENT # N19427 (6)
1. Corporation Name
SUNRISE POPS, INC.



Principal Place of Business
**9525 W OAKLAND PARK BLVD
SUNRISE FL 33354**

Mailing Address
**9525 W OAKLAND PARK BLVD
SUNRISE FL 33351**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/26/1987		3a. Date of Last Report 02/13/1995	
21		26		4. FEI Number 59-2798245		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent

**PEARL 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PEARL, DAN	1.2 NAME	
STREET ADDRESS	2700 SUNRISE LAKES DR. WEST- 303	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	☒ Change ☐ Addition
NAME	TAYLOR, SY (FIRST VP)	2.2 NAME	TD
STREET ADDRESS	1621 NW 85TH TERR	2.3 STREET ADDRESS	(FIRST VP)
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☒ Change ☐ Addition
NAME	MITTLEMAN, RUTH	3.2 NAME	
STREET ADDRESS	2850 SUNRISES LAKES DR. WEST -209	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96 954-742-3329
Date Daytime Phone #

CR2E037 (12/95)