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Jan 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N19427 (6)

1. Corporation Name  
SUNRISE POPS, INC.



Principal Place of Business: 9525 W OAKLAND PARK BLVD SUNRISE FL 33351  
Mailing Address: 9525 W OAKLAND PARK BLVD SUNRISE FL 33351-7146

3. Date Incorporated or Qualified: 02/26/1987  
3a. Date of Last Report: 03/06/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name: PEARL, MIMMIE  
82 Street Address (P.O. Box Number is Not Acceptable): 2700 SUNRISE LAKES DR WEST - 303  
83 City: SUNRISE  
84 City: SUNRISE FL 85 Zip Code: 33321

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: Mimmie Pearl  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 1/7/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PD  
NAME: PEARL, DAN  
STREET ADDRESS: 2700 SUNRISE LAKES DR. WEST- 303  
CITY-ST-ZIP: SUNRISE FL

1.1 TITLE: PD  
1.2 NAME: PEARL, MIMMIE  
1.3 STREET ADDRESS: 2700 SUNRISE LAKES DR WEST-303  
1.4 CITY-ST-ZIP: SUNRISE FL 33321

TITLE: TD  
NAME: TAYLOR, SY (FIRST VP)  
STREET ADDRESS: 1621 NW 85TH TERR  
CITY-ST-ZIP: PLANTATION FL

2.1 TITLE: [Blank]  
2.2 NAME: [Blank]  
2.3 STREET ADDRESS: [Blank]  
2.4 CITY-ST-ZIP: [Blank]

TITLE: VD  
NAME: MITTLEMAN, RUTH  
STREET ADDRESS: 2850 SUNRISES LAKES DR. WEST -209  
CITY-ST-ZIP: SUNRISE FL

3.1 TITLE: [Blank]  
3.2 NAME: [Blank]  
3.3 STREET ADDRESS: [Blank]  
3.4 CITY-ST-ZIP: [Blank]

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

4.1 TITLE: [Blank]  
4.2 NAME: [Blank]  
4.3 STREET ADDRESS: [Blank]  
4.4 CITY-ST-ZIP: [Blank]

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

5.1 TITLE: [Blank]  
5.2 NAME: [Blank]  
5.3 STREET ADDRESS: [Blank]  
5.4 CITY-ST-ZIP: [Blank]

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

6.1 TITLE: [Blank]  
6.2 NAME: [Blank]  
6.3 STREET ADDRESS: [Blank]  
6.4 CITY-ST-ZIP: [Blank]

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mimmie Pearl  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 1/7/97

CR2E637 (9/96)