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 #

(5)

SUNRISE AUTO BROKERS, INC.

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FILED

May 14 1998 8:00am

Secretary of State

Principal Plac	e of Business	Mailing Address			ION BIBN GIBN GIBN BIBN BIBN GIBN GIBN ISBN	
5992 NW 7 ST. MARGATE FL 33063 US		5992 N.W. 78T Margate FL 33063 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
				04/25/1977		
2. Principal P	lace of Business	2a. Mailing Address	-cu	4. FEI Number	Applied For	
21.599	2·N w 7 755	26 5311-NW Y	y nue	59-1739573	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22 MANK	9478	27		B. Continuate of Claras Bearea	/ Fee Required	
23 MAR	GATE-FLA.	City & State Coconut (re	ek, 71a:	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
^{Zio} 3306	Country	7ip 72 -	Country JUSA	8. This corporation owes or has pa		
24 2206	25 V 71 g. Name and Address of Curren	29 ,5 5 07 /-> 30	1 0 2 11	Personal Property Tax due Jurie 10. Name and Address of New Re		
		r HoAleralan WAgiir	81 Name	10. Harry and Addices of Her Pe	9-* VX 178VIV	
COLLETTI, MATTHEW						
	IS11 NW 44 AVENUE COCONUT CREEK FL 33073		B2 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
	OCCINOT ONEER TE 33073		83			
			84 City		85 Z _{ID} Code	
				•	FL _	
office or r	ronistered arient, or both, in the State	of Florida, Such change was auth	notized by the cornora	poration submits this statement for the pation's bloard of directors. I hereby acception	ourpose of changing its registered	
agent. La	am familiar with, and accept the obliga	ations of Section 607.0505, Florid	a Statutes.	· ·		
SIGNATURE			egistered Agent signature requi		DATE .	
12.	Signature, typed or printed name of registered age OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	VP	™ DELETE	1.1 TITLE		Change Addition	
NAME	DIMARCO, FRANK	, .	1.2 NAME		1	
STREET ADDRESS	5311 N.W. 44 AVENUE		1.3 STREET ADDRESS		1	
CITY-ST-ZIP	COCONUT CREEK FL		1.4 CITY-ST-ZIP			
TITLE	P	[] DELETE	2.1 TITLE		L Change L Addition	
NAME	COLLETTI, MATTHEW		2.2 NAME	٠		
STREET ADDRESS	5311 N.W. 44 AVE		2.3 STREET ADDRESS		1	
CITY-ST-ZIP TITLE	COCONUT CREEK FL	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
	VP	imal Phillip	3.2 NAME			
STREET ADDRESS	ANTHONY Colletti 5311-NWYYINE		3.3 STREET ADDRESS		•	
CITY - ST-ZIP	COCON-7 Creek 7	(-33073	3.4. CITY - \$1 - ZIP		1	
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Change Addition	
TITLE		☐ DELETE	S.1 TITLE		CT Change CT Montion	
NAME PERFET ADDRESS			5.2 NAME 5.3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP		_	

14. 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 trusted 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.

21/atthis