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FILED

May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 666633 (3)

1. Corporation Name
SUNRISE EAST CORP.

Principal Place of Business
100 23RD AVENUE
#1
PASS-A-GRIFFE FL 33706
US

Mailing Address
100 23RD AVENUE
#1
PASS-A-GRIFFE FL 33706-4167
US



2. Principal Place of Business

2a. Mailing Address

21 100 - 23rd Avenue

26 100 23rd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #3

27 #3

City & State

City & State

23 Pass-A-Grille FL

28 Pass-A-Grille FL

Zip

Zip

24 33706

29 33706

Country

Country

25 P. J. Lucas

30 P. J. Lucas

9. Name and Address of Current Registered Agent

POWELL, DONNA L
3232 57TH ST N
ST. PETERSBURG FL 33710

3. Date Incorporated or Qualified

3a. Date of Last Report

04/11/1980

04/29/1996

4. FEI Number

59-1979937

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

100 - 23rd Avenue #3

83

84 City

PASS-A-GRIFFE

FL

85 Zip Code

33706

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

Donna L. Powell

Signature of person whose printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when reinstating)

4/20/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
P
POWELL, DONNA L.
STREET ADDRESS
100 23RD AVENUE #1
CITY- ST- ZIP
PASS A GRILLE FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
P
POWELL, DONNA L.
1.3 STREET ADDRESS
100 - 23rd Avenue #3
1.4 CITY- ST- ZIP
PASS-A-GRIFFE, FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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

SIGNATURE:

Donna L. Powell

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/97

Date

813-367-6253

Daytime Phone #

0874567

CR2E034 (9/96)