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FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90010 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999-1998



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

DOCUMENT # **682280** ✓ (3)
 1. Corporation Name
SUNRISE INDUSTRIAL PAINTING CONTRACTORS, INC.



Principal Place of Business Mailing Address

**2331 ARTHUR STREET
 SUITE B
 HOLLYWOOD FL 33020
 US**

**9497 NW 3RD STREET
 CORAL SPRINGS FL 33071
 US**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	29
25	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/11/1980

4. FEI Number
38-2198614

5. Certificate of Status Desired **\$8.75** Add Fee Reque

6. Election Campaign Financing Trust Fund Contribution **\$5.00** Me Added to F

8. This corporation owes or has paid the current year Intan Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**LAMBIDIS, NICKOLAOS
 9497 NW 3RD ST
 CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Co

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 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 *Nick Lambidis* *Nick Lambidis* **5/99** ~~4/20/98~~
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	LAMBIDIS, NICKOLAOS	
STREET ADDRESS	9497 NW 3RD ST	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAMBIDIS, BESSIE J	
STREET ADDRESS	9497 NW 3RD ST	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	LAMBIDIS, ANNAMARIA (S)	<input type="checkbox"/> DELETE
NAME	9497 N.W. 3rd Street	
STREET ADDRESS	Coral Springs, Fla. 33071	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	<input type="checkbox"/> Change
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 no 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: *Nick Lambidis* **5/1/99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone