


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

APPROVED  
AND  
FILED

1997 AUG 20 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000002781 (2)**

1. Corporation Name  
**SUNRISE TERRACE, INC.**

Principal Place of Business <b>9401 LEE HIGHWAY, SUITE 300 FAIRFAX VA 22031</b>	Mailing Address <b>9401 LEE HIGHWAY, SUITE 300 FAIRFAX VA 22031</b>
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DO NOT WRITE IN THIS SPACE

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

<b>3.</b> Date Incorporated or Qualified <b>05/26/1994</b>	<b>3a.</b> Date of Last Report <b>05/01/1996</b>
<b>4.</b> FEI Number <b>54-1772771</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>N/A</b>	

**9. Name and Address of Current Registered Agent**

**JURAN, LAWRENCE B**  
**2255 GLADES ROAD, STE 300-E**  
**BOCA RATON FL 33431**

**10. Name and Address of New Registered Agent**

<b>81</b> Name <b>CT Corporation System</b>
<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Road</b>
<b>83</b>
<b>84</b> City <b>Plantation</b>
<b>85</b> Zip Code <b>FL 33324</b>

**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 *Kevin J. Gallagher* **CT Corporation System** **8/11/97**  
 Signature, typed or printed name of registered agent and title **Kevin J. Gallagher, Asst. Vice-Pres.** DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PCD</b>	<input type="checkbox"/> DELETE
NAME	<b>KLAASSEN, PAUL J</b>	
STREET ADDRESS	<b>9401 LEE HIGHWAY, STE 300</b>	
CITY-ST-ZIP	<b>FAIRFAX VA</b>	
TITLE	<b>VDS</b>	<input type="checkbox"/> DELETE
NAME	<b>KLAASSEN, TERESA M</b>	
STREET ADDRESS	<b>9401 LEE HWY., STE 300</b>	
CITY-ST-ZIP	<b>FAIRFAX VA</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>FADER, DAVID</b>	
STREET ADDRESS	<b>9401 LEE HIGHWAY, STE 300</b>	
CITY-ST-ZIP	<b>FAIRFAX VA</b>	
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 IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>800002275178--0</b>
1.4 CITY-ST-ZIP	<b>-08/22/97--01100--004</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DVST</b>
2.3 STREET ADDRESS	<b>Klaassen, Teresa M.</b>
2.4 CITY-ST-ZIP	<b>9401 Lee Highway, Suite 300</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>VP</b>
3.3 STREET ADDRESS	<b>Faeder, David</b>
3.4 CITY-ST-ZIP	<b>9401 Lee Highway, Suite 300</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>VP</b>
4.3 STREET ADDRESS	<b>Newell, Thomas B.</b>
4.4 CITY-ST-ZIP	<b>9401 Lee Highway, Suite 300</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Kevin J. Gallagher*

CR2E034 (4/97)

*Handwritten initials and date*  
8/20/97

(2)



# SUNRISE

## DEVELOPMENT, INC.

August 13, 1997

Division of Corporations  
Attention: Annual Reports Section  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Annual Report of Sunrise Terrace, Inc.  
Document # F94000002781 (2)

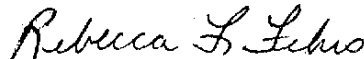
Gentlemen:

We have received a Second Notice of Filing the 1997 Profit Corporation Annual Report for Sunrise Terrace, Inc.

On February 25, 1997 we forwarded you our Annual Report, together with the filing fee of \$165.00. Melissa Johnson of your office has directed us to resubmit the Annual Report and another check in the amount of \$165.00. She informed me that since the filing was previously made the penalty for late filing would not be imposed.

Thank you for your attention to this matter. Please contact me at (703) 267-3627 if you have any questions.

Very truly yours,



Rebecca F. Fehrs  
Paralegal

Enclosures