

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90018 045 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000003633

1. Corporation Name
SUNRISE SOFTWARE, INC. OF NORTH CAROLINA



Principal Place of Business
**9 WOODLAWN GREEN #101
 CHARLOTTE NC 28217**

Mailing Address
**9 WOODLAWN GREEN #101
 CHARLOTTE NC 28217**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/18/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		56-1450920	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DICKENSON, DAVID W 4790 N. 9TH AVENUE PENSACOLA FL 32504				81 Name			
				DICKERSON, DAVID W.			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		85 Zip Code	
				FL			

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 David W. Dickerson (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOVER, DONALD G	1.2 NAME	
STREET ADDRESS	9 WOODLAWN GREEN 1, SUITE 101	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28217	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADDOX, STEVEN	2.2 NAME	
STREET ADDRESS	9 WOODLAWN GREEN 1, SUITE 101	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28217	2.4 CITY-ST-ZIP	
TITLE	DCS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOVER, PATRICIA	3.2 NAME	
STREET ADDRESS	9 WOODLAWN GREEN 1, SUITE 101	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28217	3.4 CITY-ST-ZIP	
TITLE	DCS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIGLER, JAMES S	4.2 NAME	
STREET ADDRESS	9 WOODLAWN GREEN 1, SUITE 101	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28217	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, with all other like empowered.

SIGNATURE: Steve D. Madox 2-15-99 704-523-0748
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (11/98)