

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Feb 05, 1999 8:00am**  
**Secretary of State**

02-05-1999 90022 024 \*\*\*\*\*150.00

DOCUMENT # **G87721**

1. Corporation Name  
**SUNRISE SECURITY, POLYGRAPH AND DETECTIVE BUREAU  
, INC.**

Principal Place of Business

SUITE 208  
3501 SW 8TH STREET  
MIAMI FL 33135

Mailing Address

SUITE 208  
3501 SW 8TH STREET  
MIAMI FL 33135



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Incorporated or Qualified

01/16/1984

4. FEI Number

59-2359028

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ALFONSO, JACK A.  
SUITE 208  
3501 SW 8TH STREET  
MIAMI FL 33135

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 Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME  
PD  
ALFONSO, JACK A.  
STREET ADDRESS  
3501 SW 8TH STREET  
CITY-ST-ZIP  
MIAMI FL

1.2 NAME ☐ DELETE

1.3 STREET ADDRESS ☐ DELETE

1.4 CITY-ST-ZIP ☐ DELETE

1.5 TITLE ☐ DELETE

1.6 NAME ☐ DELETE

1.7 STREET ADDRESS ☐ DELETE

1.8 CITY-ST-ZIP ☐ DELETE

1.9 TITLE ☐ DELETE

1.10 NAME ☐ DELETE

1.11 STREET ADDRESS ☐ DELETE

1.12 CITY-ST-ZIP ☐ DELETE

1.13 TITLE ☐ DELETE

1.14 NAME ☐ DELETE

1.15 STREET ADDRESS ☐ DELETE

1.16 CITY-ST-ZIP ☐ DELETE

1.17 TITLE ☐ DELETE

1.18 NAME ☐ DELETE

1.19 STREET ADDRESS ☐ DELETE

1.20 CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

4. 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN-13-1999

Date

305-442-0309

Daytime Phone #

CR2E034 (11/98)