PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # H16488

SUNRISE SURF SHOP, INC.

Principal	Place of Business

## **FILED** Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90058 041 \*\*\*150.00



Principal Place	e of Business	Mailing Address					*	* 1 . 1 * * * * * * * * * * * * * * * *
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JENSEN BEACI		JENSEN BEACH FL 34957			DO NOT WI	RITE IN THIS	S SPACE	•
					3. Date Incorporated or Qualife			<del>`</del>
	•	•			08/14/1984	•		.
2 Deinsins! D	Place of Business	2a. Mailing Address			4. FEI Number		Δ:	pplied For
	Place of Business	<b>├</b> ────────			<b>59-2448931</b>			ot Applicable
21 Suito Apt	# etc	Suite, Apt. #, etc.						Additional
Suite, Apt.	. <del>//, CIU.</del>	27			5. Certifcate of Status Desired			equired
City & Stat	to	City & State	•		6. Election Campaign Financin			May Be
— ·		28			Trust Fund Contribution			to Fees
<b>Zip</b>	Country	Zip	Count	trv	8. This corporation owes the cu	rrent vear in		
· ·	25		30	,	Personal Property Tax.	mone your n	⊠ Yes	□No
24	9. Name and Address of Currer		30;		10. Name and Address of New	Registered	1 Agent	
;	- Haine and Address of Other		18	1 Name				
, CAR	RSON, BENNIE D	•	٠,			-4-1-1-2		
	O JOES POINT ROAD		8	Street /	Address (P.O. Box Number is Not Accep	ptable)		
	JART FL 33494		1	33			Eiz ( Sigil sigi	
J. U			`		र जिल्ला होते । स्वाह केरने प्रवृत्ति	細質質		
			1	64 City	र कम्म करका वर्षा है के लेकिन है जाते हैं। वर्ष	. FI	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the abo	ove-named	corporation submits this statement for the	` .	f changing it	s registered
office or i	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was au	thorized I	by the corpo	corporation submits this statement for the pration's board of directors. I hereby according to the control of the corporation	ept the appo	ointment as re	egistered ·
		idona or, adodon our vood, Flor	.aa otatut					
SIGNATURE					a find when referenting)	DATE		<del></del> !
	Signature, typed or printed name of registered age	int and title if applicable. (NOTE:	Registered A	gent signature re	equired when reinstating).			
12.		nt and title if applicable. (NOTE: ND DIRECTORS	Registered A	gent signature re	ADDITIONS/CHANGES TO C			
							ND DIRECT	ORS IN 12
12.	OFFICERS AN	ND DIRECTORS	13.	E	ADDITIONS/CHANGES TO C			
12. TITLE NAME	OFFICERS AN ST CARSON, BENNIE B.	ND DIRECTORS	13. 1.1 TITU 1.2 NAM	E	ADDITIONS/CHANGES TO C			
12. TITLE NAME STREET ADDRESS	ST CARSON, BENNIE B.	ND DIRECTORS	13. 1.1 TITU 1.2 NAM 1.3 STR	E E	ADDITIONS/CHANGES TO C			Addition
12. TITLE NAME	OFFICERS AN ST CARSON, BENNIE B. 11 W. HIGH PT. RD.	ND DIRECTORS	13. 1.1 TITU 1.2 NAM 1.3 STR	E E EET ADDRESS -ST-ZIP	ADDITIONS/CHANGES TO C			
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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.

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS