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Mar 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J17108 (8)

1. Corporation Name
SUNRISE NEWS AND SHOPPER, INC.

Principal Place of Business
8421 SUNSET STRIP
SUNRISE FL 33322

Mailing Address
8421 SUNSET STRIP
SUNRISE FL 33322-3346



3. Date Incorporated or Qualified 06/02/1986
3a. Date of Last Report 04/02/1996

2. Principal Place of Business
21 8421 Sunset Strip
Suite, Apt. #, etc.

2a. Mailing Address
26 8421 Sunset Strip
Suite, Apt. #, etc.

4. FEI Number 65-0001380
Applied For
Not Applicable

22 City & State
23 Sunrise, Florida
Zip 33322 Country U.S.A.

27 City & State
28 Sunrise, Florida
Zip 33322 Country U.S.A.

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
MANGERIAN, MAYDA
8421 SUNSET STRIP
SUNRISE FL 33313

10. Name and Address of New Registered Agent none

81 Name none (no new register)
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] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME MANGERIAN, MAYDA
STREET ADDRESS 8421 SUNSET STRIP
CITY - ST - ZIP SUNRISE FL
TITLE ST
NAME MANGERIAN, STEVEN G.
STREET ADDRESS 8421 SUNSET STRIP
CITY - ST - ZIP SUNRISE FL
TITLE
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NAME
STREET ADDRESS
CITY - ST - ZIP

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

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 [Signature] 2/28/97 741-6003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)