

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

FILED
Apr 30 1998 8:00am
Secretary of State



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

PROFIT CORPORATION
 ANNUAL REPORT
1998

DOCUMENT # J97774 (0)
 1. Corporation Name
SUNRISE MOBILE HOMES, INC.



Principal Place of Business
**2800 28TH STREET
 SUITE 222
 SANTA MONICA CA 90405
 US**

Mailing Address
**2800 28TH STREET
 SUITE 222
 SANTA MONICA CA 90405
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Country
25 Zip

2a. Mailing Address:
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 Country
30 Zip

3. Date Incorporated or Qualified
10/19/1987

4. FEI Number
65-0016077 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

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 607.0602 and 607.11-08, 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 607.0605, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GEARY, WILLIAM W., JR.	
STREET ADDRESS	2800 28TH ST.	
CITY- ST- ZIP	SANTA MONICA CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHIEBEL, KATHRYN S	
STREET ADDRESS	2800 28TH STREET, SUITE 222	
CITY- ST- ZIP	SANTA MONICA CA 90405	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GEARY, WILLIAM W JR.	
STREET ADDRESS	2800 28TH STREET, STE 222	
CITY- ST- ZIP	SANTA MONICA CA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LAVELLE, BARBARA J.	
STREET ADDRESS	2800 28TH STREET, STE 222	
CITY- ST- ZIP	SANTA MONICA CA 90405	
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

<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE _____ **4/8/98** **(310) 450-9696**

CR2E034 (10/97)