

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K46022** (5)
1. Corporation Name
SUNRISE CITRUS GROVES, INC.



Principal Place of Business Mailing Address
P O BOX 1746 **P O BOX 1746**
JUPITER FL 33468 **JUPITER FL 33468**

3. Date Incorporated or Qualified 11/17/1988	3a. Date of Last Report 04/25/1995
4. FEI Number 65-0084311	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

GARY, JOHN W. III
701 US HWY ONE
SUITE 402
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name	FL	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City		

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINN, SHANNON R	1.2 NAME	
STREET ADDRESS	5222 DESERT VIXEN RD.	1.3 STREET ADDRESS	
CITY- ST- ZIP	PALM BEACH GARDENS FL	1.4 CITY- ST- ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNIVELY, M. PATE	2.2 NAME	
STREET ADDRESS	2288 EXECUTIVE DR	2.3 STREET ADDRESS	
CITY- ST- ZIP	WINTER HAVEN FL 33880	2.4 CITY- ST- ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTYN, CHARLES P III	3.2 NAME	
STREET ADDRESS	393 TEQUESTA DR	3.3 STREET ADDRESS	
CITY- ST- ZIP	TEQUESTA FL 33469	3.4 CITY- ST- ZIP	
TITLE	SA <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAMELA J. KING	4.2 NAME	
STREET ADDRESS	3295 S.W. SUNSET TRACE CIRCLE	4.3 STREET ADDRESS	
CITY- ST- ZIP	PALM CITY FL	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 this 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHANNON R. GINN

3/01/96

407/746-3467

Date

Daytime Phone #

CR2E034 (12/95)