FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
Apr 03 1997 8:00am
Secretary of State

DOCUMENT # K63759   (0)

1. Corporation Name

SUNRISE COUNSELING SERVICES, INC.

Principal Place of Business	Mailing Address
4488 N UNIVERSITY DR FT LAUDERDALE FL 33351 US	4488 N. UNIVERSITY DRIVE LAUDERHILL FL 33351-4513 US

3. Date Incorporated or Qualified	3a. Date of Last Report
02/07/1989	04/22/1996

2. Principal Place of Bus ness	2a. Mailing Address	4. FEI Number	
21 9641 N.W 11 ST	26 9641 N.W 11 ST	65-0097443	☐ Applied For ☐ Not Applicable

Suite, Apt #, etc.
22

Suite, Apt #, etc.
27

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

City & State
23 PLANTATION FL

City & State
28 PLANTATION FL

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

Zip	Country	Zip	Country
24 33322	25 USA	29 33322	30 USA

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

9. Name and Address of Current Registered Agent

ISAACS, IRWIN I.
4488 N UNIVERSITY DR
LAUDERHILL FL 33351

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
9641 N.W 11 ST
83

84 City PLANTATION   FL 85 Zip Code 33322

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 **PD** NAME **ISAACS, IRWIN I.** STREET ADDRESS **4488 N. UNIVERSITY DRIVE** CITY-ST-ZIP **LAUDERHILL FL**	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 9641 NW 11 ST 1.4 CITY-ST-ZIP PLANTATION FL 33322	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: _____ 4/1/97 (954) 236-0777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

0291860