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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # L32561

(7)

SUNRISE TELE-COMMUNICATIONS, INC.

Principal Place of Business Mailing Address  1970 NW 44 ST. 2111 N.W. 111TH TERRACE POMPANO BEACH FL 33084 CORAL SPRINGS FL 33071- US							
		03			3. Date Incorporated or Qualified 11/27/1989	3a. Date (	of Last Report
2. Principal F	Place of Business	2a. Mailing Addres	SS		4, FEI Number 65-0156122		Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, e	tc.		5. Certificate of Status Desired		8.75 Additional Fee Required
City & Sta		City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
Zıp <b>24</b>	Country 25	Zip 29	Countr 30	У		<u> </u>	lo
Name and Address of Current Registered Agent				Name	10. Name and Address of New Re	gistered Age	nt
STEPHEN, SCOTT 2111 NW 111 TERR. CORAL SPRINGS FL 33071			L	82 Street Address (P.O. Box Number is Not Acceptable) 83 .			
			84	City		FL	5 Zip Code
office or	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change gations of, Section 607.05	e was authorized b	v the corpora	poration submits this statement for the tition's board of directors. I hereby acce	purpose of ch pt the appoin	anging its registered ment as registered
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Reg				ent signature requ	ired when reinstating)	DATE	
12.	<del></del>	ND DIRECTORS	13.	<del></del>	ADDITIONS/CHANGES TO OFFIC		
TITLE	D STERNEN SCOTT	L. DELE				Ļ	Change Addition
NAME STREET ADDRESS	STEPHEN, SCOTT 2111 N.W. 111 TERRACE		1.2 NAME 1.3 STREE	T ADDRESS			
CITY - ST - ZIP	CORAL SPRINGS FL		1.4 CITY-				
TITLE	D	DELE					Change Addition
NAME	STEPHEN, RANDY		22 NAME	{		_	
STREET ADDRESS	2111 N.W. 111 TERRACE		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL		2 4 CiTY	ST - ZIP	*		

6.4 CITY - ST - ZIP hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the malion 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, the an officer or director of the corpy atton or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name lears in Block 12 or Block 13 if changed, or on an attachment with an address.

2 4 CITY - ST - ZIP

3.3 STREET ADDRESS 3.4. CITY - ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

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3.2 NAME

4 1 TITLE

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6.1 TITLE

6.2 NAME

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ATURE:

CITY-ST-7IP

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**ADDRESS** 

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**FILED** 

Feb 13 1997 8:00am

Secretary of State

(954) 9695022

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