

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 25 AM 9:04

DOCUMENT # L49395 (1)

1. Corporation Name  
SUNRISE REALTY AND INVESTMENTS, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

BENDTSEN GEORGE  
13 SOUTH WASHINGTON ST  
BEVERLY HILLS FL 32663

Mailing Address

BENDTSEN GEORGE  
13 SOUTH WASHINGTON ST  
BEVERLY HILLS FL 32663

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
02/07/1990

3a. Date of Last Report  
02/28/1994

4. FEI Number  
59-3015814

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 has liability for intangible tax under S. 199.032,  
Florida Statutes



Yes



No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENDTSEN GEORGE  
13 S WASHINGTON ST  
BEVERLY HILLS FL 32663

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 607.0502 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 registering)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME              | STREET ADDRESS | CITY - ST - ZIP |
|-------|-------------------|----------------|-----------------|
| D     | SANTANGELO, PETER | 24 RICKY LANE  | NORWALK CT      |
|       |                   |                |                 |
|       |                   |                |                 |
|       |                   |                |                 |
|       |                   |                |                 |
|       |                   |                |                 |
|       |                   |                |                 |
|       |                   |                |                 |
|       |                   |                |                 |
|       |                   |                |                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change                   | Addition                            |
|-----------|----------|--------------------|---------------------|--------------------------|-------------------------------------|
|           |          |                    |                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/>            |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/>            |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/>            |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/>            |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/>            |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/>            |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/>            |

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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 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 changing, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER J. SANTANGELO

20 APR 16 '95

(003) 838-8358