## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS -50330 DOCUMENT # (4)SUNRISE TITLE, INC. Principal Place of Business Mailing Address 7771 W OAKLAND PARK BLVD 7771 W OAKLAND PARK BVD **STE 131** STE 131 SUNRIOSE FL 33351 SUNRISE FL 33351 3. Date Incorporated or Qualified 3a. Date of Last Report 02/15/1990 07/25/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0187192 Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc. 22 \$8.75 Additional 27 5. Certificate of Status Desired SUNR 15E Fee Required City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution Zip Country Added to Fees Zip Country 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes \( \subseteq No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STEINBERG, ABBY L. Street Address (P.O. Box Number is Not Acceptable) 7771 W OAKLAND PARK BVD STE 131 82 SUNRISE FL 33351 83 R4 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 familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE Zip Code (NOTE: Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (12/95) TrILE DELETE 1. 1 TITLE STEINBERG, ABBY ☐ Change NAME Addition 1.2 NAME 7771 W OAKLAND OPARK BLVD STE 131 STREET ADDRESS 1.3 STREET ADDRESS <u>Sunrise fl</u> Steinberg, abby NAME 1.4 CITY-ST-ZIP 7771 W OAKLAMD PARK BLVD STE 131 STREET ADDRESS Change 2 2 NAME ☐ Addition SUNRISE FL CITY-ST-ZIP 2.3 STREET ADDRESS TITLE 2.4 CITY-ST-ZIP DELETE NAME 3 1 TITLE STREET ADDRESS ☐ Change 3.2 NAME Addition CITY-ST-ZIP 3.3. STREET ADDRESS TITLE 3.4 CITY - ST - ZIP DELETE NAME 4. 1 TITLE STREET ADDRESS 4.2 NAME Change Addition CITY-ST-ZIP 4.3 STREET ADDRESS TITLE 4.4 CITY-ST-ZIP DELETE NAME 5 1 TITLE STREET ADDRESS ☐ Change 5.2 NAME Addition CITY-ST-ZIP 5.3 STREET ADDRESS TITLE 5.4 CITY - ST - ZIP DELETE NAME 6.1 TITLE ☐ Change STREET ADDRESS 6.2 NAME ☐ Addition 6.3 STREET ADDRESS 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 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.