

File Now. Filing Fee after May 1 is \$225.00

**APPROVED
AND
FILED**

95 MAY -1 PH 6:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**500001478615
-05/08/95--01038--016
****208.75 ****208.75**

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 199 5		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
--	---	--

1. Name and Mailing Address of Corporation **DOCUMENT # L73838**

**SUNRISE REALTY GROUP, INC.
260 MONTEREY DRIVE
NAPLES, FLORIDA 33999**

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

FILING FEE \$200.00	ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE
--------------------------------	--

2. Mailing Address	2a. Principle Place of Business
21 260 MONTEREY DRIVE	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State NAPLES, FLORIDA	City & State
23	28
Zip 33999	Country COLLIER
24	30

3. Date Incorporated or Qualified 05/14/90	3a. Date of Last Report 05/01/94
4. FEI Number 65-0191464	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Addition Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$138.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 195.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

**SAM GOODMAN
260 MONTEREY DRIVE
NAPLES, FLORIDA 33999**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 / hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Sam Goodman* **DATE** **04/26/95**

12. OFFICERS AND DIRECTORS

11 TITLE	President
12 NAME	Sam Goodman
13 ADDRESS	260 Monterey Drive
14 CITY ST ZIP	Naples, Florida 33999
21 TITLE	
22 NAME	
23 ADDRESS	
24 CITY ST ZIP	
31 TITLE	
32 NAME	
33 ADDRESS	
34 CITY ST ZIP	
41 TITLE	
42 NAME	
43 ADDRESS	
44 CITY ST ZIP	
51 TITLE	
52 NAME	
53 ADDRESS	
54 CITY ST ZIP	
61 TITLE	
62 NAME	
63 ADDRESS	
64 CITY ST ZIP	

13. OFFICERS AND DIRECTORS CHANGES

11 TITLE	
12 NAME	
13 ADDRESS	
14 CITY ST ZIP	
21 TITLE	
22 NAME	
23 ADDRESS	
24 CITY ST ZIP	
31 TITLE	
32 NAME	
33 ADDRESS	
34 CITY ST ZIP	
41 TITLE	
42 NAME	
43 ADDRESS	
44 CITY ST ZIP	
51 TITLE	
52 NAME	
53 ADDRESS	
54 CITY ST ZIP	
61 TITLE	
62 NAME	
63 ADDRESS	
64 CITY ST ZIP	

14. I 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. 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12. I have no knowledge of any other report with an address.

SIGNATURE *Sam Goodman* **DATE** **04/26/95**

Print/Type Name of Signing Officer or Director	Title	Daytime Telephone Number
Sam Goodman	President	(813)

CP2004-11-221