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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L98892

(7)

SUNRISE HOME SERVICES, INC.

Principal Place of Business

275 TONEY PENNA DR. SUITE 10

Mailing Address

275 TONEY PENNA DR. SUITE 10

FILED Apr 11 1997 8:00am Secretary of State



FL 22/		JUPITER FL 33458-5792		L				
					 Date Incorporated or Qualified 09/06/1990 		Date of Last 05/01/1996	Report
		2a. Mailing Address	2a. Mailing Address		4. FEI Number			pplied For
	oney Penna Drive	26 275 Toney	Penna Dr	ive	65-0236961			lot Applicable
Suite Apt Suite Suite		Suite, Apt. #, etc. * 27 Suite 7			5. Certificate of Status Desired			Additional lequired
City & State	9	City & State			6. Election Campaign Financing		\$5.00) May Be
Jupi	ter, FL	28 Jupiter, F	rt.	1	Trust Fund Contribution			to Fees
Zip	Country	Zip	Country		8. This corporation has liability	for intangi	ible tax under	s. 199.032,
3345	8 25	29 33458	30		Florida Statutes	Yes	☐ No	
	9. Name and Address of Current	l Registered Agent			10. Name and Address of New	Register	ed Agent	
KUN	KLE, CRAIG B. JR		81 Name					
	TONEY PENNA DRIVE, SUITE 10)	62 Street	Address	s (P.O. Box Number is Not Accep	stobles		
	TER FL 33458	•			•	-		
VO, 1	1121112 00100		B3	t Ott	ey Penna Drive	+⊃u.	L-VE	
	. ^		84 City				85 Zip	Code
	1 N A	0. 1007 4000 51 11 011						92
11. Parsuant t office or re	to the provisions of Sections 6.77.0902 egistered a care both, in the State m familiar with a capt the obliga	of Florida, Such change was a	es, the above-named uthorized by the col	corpora coration	ation submits this statement for th i's board of directors. I hereby ac	e purposice of the a	e or changing appointment a	rts registered s realstered
agent. La	m familiar vib. and accept the oblida	itions of, Section 607.0505, Flo	rida Statutes			11	60	
SIGNATURE	1 Danks					_ 4/ (7/77	
			Registered Agent signatur	e required v		DAT	i L	
								DC 1N 12
y	OFFICERS AND		13.	,	ADDITIONS/CHANGES TO OF	TICERS A		
y	DS	D DIRECTORS DELETE	13. 11 TITLE	D/P		FICERS A	Change	
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di annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that er or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name achment with an address. information indicated on this annual re-Lam an officer or director of the cor appears in Block 12 or Block 13 if d

SIGNATURE:

SIGNATURE AND TYPED