

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90105 024 \*\*\*150.00

**DOCUMENT # M66042**

1. Corporation Name

**SUNRISE APPLIANCE, INC.**

Principal Place of Business

1111 SW 21ST AVE.  
FT. LAUDERDALE FL 33312

Mailing Address

1111 SW 21ST AVE.  
FT. LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/21/1988**

4. FEI Number

**65-0027183**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **5440 S. STATE Rd 7**

26 **5440 S. STATE Rd 7**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
**FT. Lauderdale FL**

27 City & State  
**FT. Land. FL**

23 Zip **33314** Country **USA**

28 Zip **33314** Country **USA**

9. Name and Address of Current Registered Agent

**GREGO, DAVID**  
**6110 N.W. 15TH ST.**  
**SUNRISE FL 33313**

10. Name and Address of New Registered Agent

81 Name **DAVID Grego**

82 Street Address (P.O. Box Number is Not Acceptable)

**5440 S. STATE Rd 7**

83

84 City **Fort Lauderdale** FL

85 Zip Code

**33314**

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

**DAVID Grego**

(NOTE: Registered Agent signature required when reappointing)

DATE

**1-8-98**

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **GREGO, DAVID**

STREET ADDRESS **14400 SW 16 ST**

CITY-ST-ZIP **DAVIE FL**

TITLE **ST** ☐ DELETE

NAME **GREGO, DAWN V**

STREET ADDRESS **14400 SW 16 ST**

CITY-ST-ZIP **DAVIE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 (changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**DAVID Grego**

Date

Daytime Phone #

**1-8-99 954583-2727**

CR2E034 (11/98)