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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M80429 (7)

1. Corporation Name
SUNRISE LAKES REAL ESTATE, INC.



Principal Place of Business

% MARTIN STEINBERG
2540 N. UNIVERSITY DR.
SUNRISE FL 33322

Mailing Address

% MARTIN STEINBERG
2540 N. UNIVERSITY DR.
SUNRISE FL 33322-3035

3. Date Incorporated or Qualified
05/06/1988

3a. Date of Last Report
03/26/1996

2. Principal Place of Business

21 2672 N. UNIVERSITY DR.

Suite, Apt. #, etc.

22 City & State

23 SUNRISE, FL

24 Zip

33322

Country

2a. Mailing Address

26 2672 N. UNIVERSITY DR.

Suite, Apt. #, etc.

27 City & State

28 SUNRISE, FL

29 Zip

33322

Country

4. FEI Number

65-0059585

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

9. Name and Address of Current Registered Agent

HARVEY DAVIS
2540 N. UNIVERSITY DR.
SUNRISE FL 33322

10. Name and Address of New Registered Agent

81 Name

MARC L. MERVIS

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

2672 N. UNIVERSITY DR.

83

84 City

SUNRISE

FL

85 Zip Code

33322

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 *Marc L. Mervis* MARC L. MERVIS, PRES. 4/21/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVPT
NAME MARC L. MERVIS
STREET ADDRESS 2540 N. UNIVERSITY DR.
CITY-ST-ZIP SUNRISE FL 33322 ☐ DELETE

TITLE D
NAME HARVEY DAVIS
STREET ADDRESS 2540 N. UNIVERSITY DR
CITY-ST-ZIP SUNRISE FL ☒ DELETE

TITLE D
NAME JUNE, DAVIS
STREET ADDRESS 2540 N. UNIVERSITY DR
CITY-ST-ZIP SUNRISE FL 33322 ☒ DELETE

TITLE D
NAME MARTIN STEINBERG
STREET ADDRESS 2540 N. UNIVERSITY DR
CITY-ST-ZIP SUNRISE FL 33322 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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 if changed, or on an attachment with an address.

SIGNATURE *Marc L. Mervis* MARC L. MERVIS 4/21/97 PRES. 954-240-8220

CR2E034 (9/96)