


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # M92816 (1)</b> 1. Corporation Name <b>SUNRISE COFFEE &amp; BEVERAGE SERVICE, INC.</b>					
Principal Place of Business <b>1650 W OAKLAND PK BLVD FT LAUDERDALE FL 33311 US</b>		Mailing Address <b>7105 NW 97TH AVENUE TAMARAC FL 33321</b>			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/27/1988</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>65-0066175</b>	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
9. Name and Address of Current Registered Agent <b>GODEK, ALFRED E. 7105 NW 97TH AVENUE TAMARAC FL 33321</b>		10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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.		81 Name		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE		82 Street Address (P.O. Box Number is Not Acceptable)		85 Zip Code	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE			
NAME	<b>GODEK, ALFRED E.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	<b>7105 NW 97TH AVENUE</b>	1.1 TITLE			
CITY-ST-ZIP	<b>TAMARAC FL 33321</b>	1.2 NAME			
TITLE		1.3 STREET ADDRESS			
NAME		1.4 CITY-ST-ZIP			
STREET ADDRESS		2.1 TITLE			
CITY-ST-ZIP		2.2 NAME			
TITLE		2.3 STREET ADDRESS			
NAME		2.4 CITY-ST-ZIP			
STREET ADDRESS		3.1 TITLE			
CITY-ST-ZIP		3.2 NAME			
TITLE		3.3 STREET ADDRESS			
NAME		3.4 CITY-ST-ZIP			
STREET ADDRESS		4.1 TITLE			
CITY-ST-ZIP		4.2 NAME			
TITLE		4.3 STREET ADDRESS			
NAME		4.4 CITY-ST-ZIP			
STREET ADDRESS		5.1 TITLE			
CITY-ST-ZIP		5.2 NAME			
TITLE		5.3 STREET ADDRESS			
NAME		5.4 CITY-ST-ZIP			
STREET ADDRESS		6.1 TITLE			
CITY-ST-ZIP		6.2 NAME			
TITLE		6.3 STREET ADDRESS			
NAME		6.4 CITY-ST-ZIP			

SIGNATURE:

*Alfred E. Godek* **ALFRED E. GODEK** 9-15-98 954-7352542

CR2E034 (5/98)