FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:45

DOCUMENT # N35565 (3)

1. Corporation Name

SUNRISE VENTURES COMMERCIAL TRACT ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
6400 N ANDREWS AVE FT. LAUDERDALE FL 33309	6400 N ANDREWS AVE FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0347557 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DUKE, BRYAN W
40 STILES CORPORATION
6400 N ANDREWS AVENUE
FT. LUDERDALE FL 33309

10. Name and Address of New Registered Agent

31 Name: Bryan Duke
32 Street Address (P.O. Box Number is Not Acceptable): c/o Stiles Corporation
33: 6400 N. Andrews Avenue
34 City: Ft Lauderdale, FL 35 Zip Code: 33309

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: Please correct address only. DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	President/D	☒ Change ☐ Addition
NAME	STILES, TERRY W.	1.2 NAME	Ken Simback	
STREET ADDRESS	6400 N. ANDREWS AVE.	1.3 STREET ADDRESS	6400 N Andrews Avenue	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	Ft Lauderdale, FL	
TITLE	DVT	2.1 TITLE	Vice President/Treasurer/D	☒ Change ☐ Addition
NAME	BRAND, JANE	2.2 NAME	Steve Fleisher	
STREET ADDRESS	6400 N. ANDREWS AVE.	2.3 STREET ADDRESS	6400 N Andrews Avenue	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft Lauderdale, FL	
TITLE	DS	3.1 TITLE	Secretary/D	☒ Change ☐ Addition
NAME	CURRAN, DERRANCE	3.2 NAME	Kathy Neer	
STREET ADDRESS	6400 N. ANDREWS AVE.	3.3 STREET ADDRESS	6400 N Andrews Avenue	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	Ft Lauderdale, FL	
TITLE	D	4.1 TITLE	Director/	☒ Change ☐ Addition
NAME	GARDNER, RAY	4.2 NAME	Doug Eagon	
STREET ADDRESS	6400 N. ANDREWS AVE.	4.3 STREET ADDRESS	6400 N Andrews Avenue	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	Ft Lauderdale, FL	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ken Simback President 1/25/95 305-776-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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