NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90066 035 ****61.25

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•	1999	DIVISION OF CO						
1. Corporation					_			
SISTER CITIES OF THE CITY OF SUNRISE, FLORIDA, I NC.					5 24617 - 90066 - 35 7 5			
Principal Place	e of Business	Mailing Address						
4237 NW 88 AT SUNRISE FL 33		4237 NW 88 AVENUE SUMPISE FL 33351						
2. Principal Pl	lace of Business	2a. Mailing Address	<u> </u>		3. Date Incorporated or Qualifed 03/10/1998			
21		26			4. FEI Number	- Ari	olied For	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			- PER MUNICIPAL	- <u> Y Y </u>	Applicable	
-City & State		City & State				\$8.75 A		
23		28			5. Certificate of Status Desired -	Fee Re	beriup	
Zip Zip	Country	Zip	Coun	ry	6. Election Campaign Financing	\$5.00		
24	25	29	30		Trust Fund Contribution	Added to	o Fees	
	9. Name and Address of Current	Registered Agent	\		10. Name and Address of New Registere	d Agent		
_			1	11 Name				}
	HOWARD A		Ī	2 Street A	iddress (P.O. Box Number is Not Acceptable)			
	ROWARD BLVD SUITE 420		- -	13				
FT LAUDE	RDALE FL 33324		L			· 13-1 -		
			- 1	Lity City	F	85 Zip C	- 1	
11. Pursuant	to the provisions of Sections 617,050	2 and 617.1508, Florida Statutes	s, the abo	ve-named c	corporation submits this statement for the purpose	of changing its	registered	
office or n	registered agent, or both, in the State	of Florida. Such change was aut	thorized i	ov the como	ration's board of directors. I hereby accept the app	Okumbur sa taƙ	Jizreseo	
	and another with and account the chiral	ions of Section 817,0503, Florid	da Statut	BS.			i	
	im familiar with, and accept the obligat	ions of, Section 617.0503, Florid	da Statut	B\$.	corporation submits this statement for the purpose ration's board of directors. I hereby accept the app		·	_
agent. I a	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: S	Registered A		covered when reinstating) DATE		\	(98)
	Signature, typed or printed name of registered agen OFFICERS AN	s and title if applicable. (NOTE: R D DIRECTORS	Registered A	gent signature re		ND DIRECTO	RS IN 12	(11/98)
SIGNATURE 12.	Signature, typed of printed name of registered egen OFFICERS AN	t and title if applicable. (NOTE: S	13.	gent signature red	covered when reinstating) DATE		\	١.
SIGNATURE 12. TITLE NAME	Signature, typed or printed nerve of registered agen OFFICERS AN D SANDORA, LOUIS	s and title if applicable. (NOTE: R D DIRECTORS	13. 1.1 TITU	gent signature re	covered when reinstating) DATE	ND DIRECTO	RS IN 12	١.
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN D SANDORA, LOUIS 4237 NW 88 AVENUE	s and title if applicable. (NOTE: R D DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR	gent eigneture re E E EET ADDRESS	covered when reinstating) DATE	ND DIRECTO	RS IN 12	١.
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed nerve of registered agen OFFICERS AN D SANDORA, LOUIS 4237 NW 88 AVENUE SUNRISE FL 33351	s and title if applicable. (NOTE: R D DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR	gent eigneture re E E ET ADDRESS -ST-ZP	covered when reinstating) DATE	ND DIRECTO	RS IN 12	١.
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorica scattles, it unher castly that are 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 are not 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, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR ORIECTOR