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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P32484

1. Corporation Name
SONNY'S ENTERPRISES, INC.

Principal Place of Business
1400 SOUTHWEST 33RD PLACE
FT. LAUDERDALE FL 33315

Mailing Address
1400 SOUTHWEST 33RD PLACE
FT. LAUDERDALE FL 33315



2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25) 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30) 3. Date Incorporated or Qualified (01/15/1991) 4. FEI Number (06-1312117) 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)

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
1.1 TITLE PCD
1.2 NAME FAZIO, PAUL G.
1.3 STREET ADDRESS 1065 TWIN BRANCH LANE
1.4 CITY-ST-ZIP FT. LAUDERDALE FL
2.1 TITLE ST
2.2 NAME PICCIRILLI, BARBARA
2.3 STREET ADDRESS 10394 NW 49TH COURT
2.4 CITY-ST-ZIP CORAL SPRINGS FL
3.1 TITLE D
3.2 NAME FAZIO, SALVATORE
3.3 STREET ADDRESS 5501 S.W. 40TH AVE
3.4 CITY-ST-ZIP FORT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PLD
1.2 NAME FAZIO, PAUL G.
1.3 STREET ADDRESS 2535 MONTECLAIRE CIRCLE
1.4 CITY-ST-ZIP WESTON, FL 33327
3.1 TITLE D
3.2 NAME FAZIO, SALVATORE
3.3 STREET ADDRESS 3100 NO. OCEAN BLVD. #1509
3.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33308

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 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 REQUIRED PAUL FAZIO 2/19/99 9544671203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)