FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 APR 13 PM 12: 29

DOCUMENT # P92000009955 (5)

1. Corporation Name
SUNRISE MANAGEMENT COMPANY OF THE GOLD COAST

Principal Place of Business	Mailing Address
275 TONEY PENNA DR. SUITE 10 JUPITER FL 33458	275 TONEY PENNA DR. SUITE 10 JUPITER FL 33458

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/08/1992
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0374156 ☐ 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

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

9. Name and Address of Current Registered Agent

KUNKLE, CRAIG
275 TONEY PENNA DR.
SUITE 10
JUPITER FL 33458

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 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 [signature] 4/6/95
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	D	1 1 TITLE	P/D	xx Change ☐ Addition
NAME	KUNKLE, CRAIG B JR	1 2 NAME	Kunkle, Craig B. Jr.	
STREET ADDRESS	275 TONEY PENNA DR. SUITE 10	1 3 STREET ADDRESS	275 Toney Penna Drive, Suite 10	
CITY ST ZIP	JUPITER FL 33458	1 4 CITY ST ZIP	Jupiter, FL 33458	
TITLE		2 1 TITLE	S	☐ Change x Addition
NAME		2 2 NAME	Kunkle, Marlette	
STREET ADDRESS		2 3 STREET ADDRESS	275 Toney Penna Drive, Suite 10	
CITY ST ZIP		2 4 CITY ST ZIP	Jupiter, FL 33458	
TITLE		3 1 TITLE	D	☐ Change x Addition
NAME		3 2 NAME	Miller, Lorace H.	
STREET ADDRESS		3 3 STREET ADDRESS	275 Toney Penna Drive, Suite 10	
CITY ST ZIP		3 4 CITY ST ZIP	Jupiter, FL 33458	
TITLE		4 1 TITLE		☐ Change ☐ Addition
NAME		4 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY ST ZIP		4 4 CITY ST ZIP		
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)(k), 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: [signature] 4/6/95 407-575-7792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0269021 CP