## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

P92000009958 (9)

## SUNRISE MANAGEMENT COMPANY OF NORTH PALM BEACH COUNTY

	T				
Principal Place	e of Business	Mailing Address			80/11 06/14 60/10 18/10 18/21 8/10 10/1 10/1
275 TONEY PENNA DR. SUITE 10 JUPITER FL 33458  2. Principal Place of Business		275 Toney Penna () Suite 10 Jupiter FL 33458	OR.		
				<ol> <li>Date Incorporated or Qualified</li> <li>12/08/1992</li> </ol>	3a. Date of Lasi Report 04/13/1995
21 Finicipal Pi	race of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#. etc.	26   Suite, Apt. #, etc.		65-0374158	Not Applicab
22		27 30/le, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	е	City & State		Election Campaign Financing	Fee Required
23		28		Trust Fund Contribution	\$5.00 May Be
<i>Z</i>	Country	Zip	Country	8. This corporation has liability for in	Added to Fees
4	25	29	30	Florida Statutes  Yes	No
	9. Name and Address of C	urrent Registered Agent		10. Name and Address of New Re	egistered Agent
VI MIVI E	CDAIO		81 Name		
	E, CRAIG NEY PENNA DR		82 Street Add	dress (P.O. Box Number is Not Acceptable	3)
STE 10	NET PENNA DA		83		
	R FL 33458		63		
00111211	1	$\sim$	84 City		<b>85</b> Zip Code
11. Pursuant ti	to the provisions of Sections 607.	04 2 and 607 1508. Florida Statut	too the phone served	pration submits this statement for the purp	
or register	ed agent, or both, in the rate of th, and accept the obligation of,	Such change was authorized Saction 607.0505, Florida Statutes		oration submits this statement for the purp and of directors. I hereby accept the appoi	ntment as registered agent. I am
		X 2			I e I milese
SIGNATURE _	Signal ire, typed or printed name of registand	LINES	DTE Registered Agent signature renuer	ed when reinstating	4/5/86
SIGNATURE _	Signal ire, typed or printed name of regis one OFFICERS	LINES	DTE Registered Agent signature require  13.		4/5/96 Dye DERS AND DIRECTORS IN 12
SIGNATURE :	Signal re, typed or printed name of legacy to OFFICERS	agen and a applicable. (NC		ed when reinstating?  ADDITIONS/CHANGES TO OFFIC	
SIGNATURE	Signal re, typed or printed name of legicities  OFFICERS  PD  KUNKLE, CRAIG B JR	i agent and a service the growing applicable growing and a service	13.		Delic
SIGNATURE :	Signal Re. typed or printed name of legicities OFFICERS PD KUNKLE, CRAIG B JR 275 TONEY PENNA DR. 1	i agent and a service the growing applicable growing and a service	13. 1.1 TITLE		
SIGNATURE  12.  ITLE IAME TREET ADDRESS ITY-ST-ZIP	PD KUNKLE, CRAIG B JR 275 TONEY PENNA DR. S JUPITER FL 33458	agen and applicable (NC S AND DIRECTORS  DELETE  SUITE 10	13. 1.1 Tifle 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
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SIGNATURE:

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