

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000006393 (1)

1. Corporation Name

SUNRISE AIR NETWORKS, INC.



Principal Place of Business

Mailing Address

9753 S ORANGE BLOSSOM TRAIL  
#209  
ORLANDO FL 32837

9753 S ORANGE BLOSSOM TRAIL  
#209  
ORLANDO FL 32837

3. Date Incorporated or Qualified  
01/20/1993

3a. Date of Last Report  
02/17/1995

2. Principal Place of Business

2a. Mailing Address

21 9753 S. ORANGE BLOSSOM TR.

26 9753 S. ORANGE BLOSSOM TR.

4. FEI Number

59-3163464

Applied For

Not Applicable

22 Suite, Apt. #, etc.  
#206

27 Suite, Apt. #, etc.  
#206

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 City & State  
ORLANDO, FL 32837

28 City & State  
ORLANDO, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 Zip  
32837

25 Country

29 Zip  
32837

30 Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, WADE F JR.  
250 NORTH ORANGE AVE.  
11TH FLOOR  
ORLANDO FL 32801

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 of officer or director of registered agent and if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
D HOSHINO, KEITAI  
STREET ADDRESS  
4325 BRADLEY AVE.  
CITY-STATE-ZIP  
ORLANDO FL

1.1 TITLE  
1.2 NAME  
D HOSHINO, KEITAI  
1.3 STREET ADDRESS  
2410 BAY LEAF ST.  
1.4 CITY-STATE-ZIP  
ORLANDO, FL 32837

TITLE  
NAME  
DELETED  
STREET ADDRESS  
CITY-STATE-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE  
NAME  
DELETED  
STREET ADDRESS  
CITY-STATE-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE  
NAME  
DELETED  
STREET ADDRESS  
CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE  
NAME  
DELETED  
STREET ADDRESS  
CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE  
NAME  
DELETED  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
Daytime Phone #

CR2E034 (12/95)