

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra H. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000015053 (0)

1. Corporation Name

SSB SUNRISE CORP.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 24 PH 2:59

Principal Place of Business

**1550 N.E. MIAMI GARDENS DRIVE
NORTH MIAMI BEACH FL 33179**

Mailing Address

**1550 N.E. MIAMI GARDENS DRIVE
NORTH MIAMI BEACH FL 33179**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/24/1993

3a. Date of Last Report

02/09/1994

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

65-0391032

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSENBERG, DONALD S
1 S.E. 3RD AVE.
SUITE 2600
MIAMI FL 33131**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

KISLAK, JAY I

STREET ADDRESS

**7900 MIAMI LAKES DR. WEST
MIAMI LAKES FL 33016**

CITY - ST - ZIP

TITLE

D

NAME

BIGGS, WILLIAM

STREET ADDRESS

**1550 N.E. MIAMI GARDENS DR.
N. MIAMI BEACH FL 33179**

CITY - ST - ZIP

TITLE

P

NAME

HULL, J W

STREET ADDRESS

**1550 N.E. MIAMI GARDENS DR.
NORTH MIAMI BEACH FL 33179**

CITY - ST - ZIP

TITLE

V

NAME

SIMON, HARVEY I

STREET ADDRESS

**1550 N.E. MIAMI GARDENS DR.
NORTH MIAMI BEACH FL 33179**

CITY - ST - ZIP

TITLE

VST

NAME

HIME, MOLLY A

STREET ADDRESS

**1550 N.E. MIAMI GARDENS DR.
NORTH MIAMI BEACH FL 33179**

CITY - ST - ZIP

TITLE

V

NAME

ABELMAN, STEPHEN A

STREET ADDRESS

**1550 N.E. MIAMI GARDENS DR.
NORTH MIAMI BEACH FL 33179**

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 110.07(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 its 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

Harvey Simon

1-12-95

945-1800

Date

Daytime Phone #