# 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
STATE

DOCUMENT # **P93000024928 (2)**

1. Corporation Name
**SUNRISE HOUSING, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 842<br>ZEPHYRHILLS FL 33539 | P.O. BOX 842<br>ZEPHYRHILLS FL 33539 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/30/1993
3a. Date of Last Report: 03/03/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-3168866 ☐ Applied For ☐ Not Applicable
Suite, Apt #, etc — 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 / 29 — Country — 25 / 30
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ ~~No~~

9. Name and Address of Current Registered Agent

GOLDSTEIN, PAUL
5122 E. FOWLER AVE.
TAMPA FL 33617

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required where indicated)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PSD | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | CROSS, STEPHEN | 12 NAME | | |
| STREET ADDRESS | 5122 E. FOWLER AVE. | 13 STREET ADDRESS | | |
| CITY ST ZIP | TAMPA FL 33618 | 14 CITY ST ZIP | | |
| TITLE | | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | | 22 NAME | | |
| STREET ADDRESS | | 23 STREET ADDRESS | | |
| CITY ST ZIP | | 24 CITY ST ZIP | | |
| TITLE | | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | | 32 NAME | | |
| STREET ADDRESS | | 33 STREET ADDRESS | | |
| CITY ST ZIP | | 34 CITY ST ZIP | | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY ST ZIP | | 44 CITY ST ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY ST ZIP | | 54 CITY ST ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY ST ZIP | | 64 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Stephen Cross 5/15/95 813-783-6057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #
Stephen Cross

0440063 FP

# 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

DOCUMENT # **P93000025260 (9)**

1. Corporate Name
**B.O.J., INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 9365 S.W. 61ST WAY<br>SUITE A<br>BOCA RATON FL 33428 | 9365 S.W. 61ST WAY<br>SUITE A<br>BOCA RATON FL 33428 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/06/1993**
3a. Date of Last Report: **03/08/1994**

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 16115 S.W. 117TH AVE. | 2a. Mailing Address<br>26 16115 S.W. 117TH AVE. | 4. FEI Number: **65-0400443** ☐ Applied For ☐ Not Applicable |
| Suite, Apt. #, etc.<br>22 SUITE #25 | Suite, Apt. #, etc.<br>27 SUITE #25 | 5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required |
| City & State<br>23 MIAMI, FLORIDA | City & State<br>28 MIAMI, FLORIDA | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |
| Zip / County<br>24 33177 / 25 USA | Zip / County<br>29 33177 / 30 USA | 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 |
|---|---|
| SMEJKAL-TRINGALI, B<br>9365 S.W. 61ST WAY<br>SUITE A<br>BOCA RATON FL 33428 | 81 Name: JAMES H. WALKER P.A., INC.<br>82 Street Address (P.O. Box Number is Not Acceptable): 16115 S.W. 117TH AVE.<br>83 SUITE #25<br>84 City: MIAMI FL 85 Zip Code: 33177 |

11. Pursuant to the provisions of Section 607.0501, Florida Statutes, the above named corporation submits the 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 duties of registered agent under Florida Statutes.

SIGNATURE: [signature] 5/30/95
(Signature of Registered Agent or Officer) (Date)

| 12. OFFICER(S) AND DIRECTOR(S) | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1 |
|---|---|
| TITLE: PD<br>NAME: SMEJKAL-TRINGALI, B<br>STREET ADDRESS: 9365 S.W. 61ST WAY<br>CITY-ST-ZIP: BOCA RATON FL 33428 | ☒ Change ☐ Addition<br>TITLE: PD<br>NAME: JAMES H. WALKER<br>STREET ADDRESS: 16115 S.W. 117TH AVE. #25<br>CITY-ST-ZIP: MIAMI, FLORIDA 33177 |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | ☐ Change ☐ Addition |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | ☐ Change ☐ Addition |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | ☐ Change ☐ Addition |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | ☐ Change ☐ Addition |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | ☐ Change ☐ Addition |

14. I do hereby certify that the information supplied with this report is complete, accurate and that I am not qualified for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above or on an attachment with an address.

**SIGNATURE:** [signature] 5/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0255890 CP