

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 16 PM 3:00

DOCUMENT # P93000037725 (7)

1. Corporation Name  
**SUNRISE ENTERPRISES, INC. OF PALM BEACH COUNTY**

Principal Place of Business: **1170 DOLPHIN RD. SINGER ISLAND FL 33404**  
Mailing Address: **1170 DOLPHIN RD. SINGER ISLAND FL 33404**

EXPIRE DATE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Report Period Ends	3a. Date of Report
21		26		05/25/1993	10/24/1994
22		27		4. FID Number	Applied For / Not Applied For
23		28		5. Certificate of Status Desired	\$8.75 Additional Fee Required
24		29		6. Election Campaign Financing / Trust Fund Contribution	\$5.00 May Be Added to Fees
25		30		7. This corporation has liability for advance tax under S. 199 (CFC), Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BRASWELL, PAMELA</b> <b>2655 N OCEAN DR</b> <b>SUITE 300</b> <b>SINGER ISLAND FL 33404</b>				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 607.1506, 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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Print Name of Registered Agent and the Taxpayer) (607) Registered Agent for public reporting purposes only. (607)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 NAME	D BRASWELL, PAMELA	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 STREET ADDRESS	2655 N OCEAN DR., S-300	12 NAME	
13 CITY, ST, ZIP	SINGER ISLAND FL 33404	13 STREET ADDRESS	
14 CITY, ST, ZIP		14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME		15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 STREET ADDRESS		16 NAME	
17 CITY, ST, ZIP		17 STREET ADDRESS	
18 CITY, ST, ZIP		18 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 NAME		19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 STREET ADDRESS		20 NAME	
21 CITY, ST, ZIP		21 STREET ADDRESS	
22 CITY, ST, ZIP		22 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 NAME		23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 STREET ADDRESS		24 NAME	
25 CITY, ST, ZIP		25 STREET ADDRESS	
26 CITY, ST, ZIP		26 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption of liability as provided in 1993 (CFC), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature is identical to the name registered for said member under state law. I am the officer or director of this corporation or the receiver or trustee registered to receive the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Pamela Braswell* 2-11-95 88100.30  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNOR (OFFICER OR DIRECTOR)