

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jun 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000064387
1. Corporation Name
300 West Sunrise Inc.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1993

4. FET Number

65-0434263

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 owes or has paid the current year Intangible
Personal Property Tax due June 30

Yes No

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21. 300 Sunrise Blvd.

26. 8300 Biscayne Blvd.

State, Apt. #, etc.

State, Apt. #, etc.

22. City & State

27. City & State

23. Sunrise, FL

28. Miami, FL

24. Zip Country

29. 33138 30. USA

9. Name and Address of Current Registered Agent

81. Name

DEBORAH MARSHALL

82. Street Address (P.O. Box Number is Not Acceptable)

8300 Biscayne Blvd

83.

84. City

Miami

FL

85. Zip Code

33138

11. Pursuant to the provisions of Sections 607.01(2)(a) and 607.15(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am hereby authorized to execute this statement on behalf of the corporation's board of directors. I hereby accept the appointment as registered agent. I am hereby authorized to execute this statement on behalf of the corporation's board of directors.

SIGNATURE: Deborah Marshall

6/10/98

12. OFFICERS AND DIRECTORS

12.	13.
1. OFFICER	1. OFFICER
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP
2. OFFICER	2. OFFICER
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP
3. OFFICER	3. OFFICER
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP
4. OFFICER	4. OFFICER
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP
5. OFFICER	5. OFFICER
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP
6. OFFICER	6. OFFICER
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP
7. OFFICER	7. OFFICER
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP
8. OFFICER	8. OFFICER
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP
9. OFFICER	9. OFFICER
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP
10. OFFICER	10. OFFICER
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP
11. OFFICER	11. OFFICER
NAME	NAME
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CITY, ST, ZIP	CITY, ST, ZIP
12. OFFICER	12. OFFICER
NAME	NAME
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CITY, ST, ZIP	CITY, ST, ZIP
13. OFFICER	13. OFFICER
NAME	NAME
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CITY, ST, ZIP	CITY, ST, ZIP
14. OFFICER	14. OFFICER
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP
15. OFFICER	15. OFFICER
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP
16. OFFICER	16. OFFICER
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP
17. OFFICER	17. OFFICER
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP
18. OFFICER	18. OFFICER
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP
19. OFFICER	19. OFFICER
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP
20. OFFICER	20. OFFICER
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP

14. I hereby certify that the information supplied on this report is true and correct to the best of my knowledge and belief. I am a duly authorized officer of the corporation and my signature shall have the same legal effect as if made under oath. I am an officer of the corporation and I am hereby authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, Line 1 of the corporation's charter or articles of incorporation.

SIGNATURE: William D. Bailey Jr.

6/10/98 305-757-1560

CP2EC034 (10/97)