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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90029 047 ***150.00

DOCUMENT # P93000064387					
 Corporation 	Name T SUNRISE, INC.				
300 W.S	, opinior, inc.				
Principal Place of Business Mailing Address				- I FARIJONI VIG 18180 MILL GOILL SELLY CRIM COLLE	Allifi Alban tildt juitt reat inns
300 SUNRISE BL		8300 BISCAYNE BLVD			
SUNRISE FL MIAMI FL 33138				DO NOT WRITE IN THIS	SPACE
US				3. Date Incorporated or Qualifed	· ·
				09/10/1993	
2 Oringinal Pla	no of Business	2a. Mailing Address		4. FEI Number	Applied For
2. Principal Place of Business 2a. Mailing Address 26			65-0434263	Not Applicable	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
27					
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Ir	itangible ☐ Yes ☐ No
24	25	29 30	<u>o </u>	Personal Property Tax. 10. Name and Address of New Registered	
	9. Name and Address of Current	t Registered Agent	81 Name	10. Name and Address of New Registered	Agont
NA DO	CHALL DEDODAL		1 1		
MARSHALL, DEBORAH 8300 BISCAYNE BLVD			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33138			83		:
l Wilding					85 Zip Code
l			84 City	F!	
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					
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.					
	n tamiliar with, and accept the obliga	goria or, occasi corrector, rem		·	
SIGNATURE	Signature, typed or printed name of registered ager		egistered Agent signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO STITLE TO	☐ Change ☐ Addition
TITLE	P	☐ DELETE	1.1 TITLE		
NAME	BAILEY, WILLIAM D JR		1.2 NAME 1.3 STREET ADDRESS		·
STREET ADDRESS	8300 BISCAYNE BLVD		1.4 CITY-ST-ZIP		~ ~ ~
CITY-ST-ZIP	MIAMI FL 33138 PV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
TITLE	BAILEY, WILLIAM D SR	3	2.2 NAME		
NAME	8300 BISCAYNE BLVD		2.3 STREET ADDRESS		
STREET ADDRESS	MIAMI FL 33138		2.4 CITY-ST-ZIP		
CITY-ST-ZIP	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BAILEY, JAMES		3.2 NAME		
STREET ADDRESS	8300 BISCAYNE BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33138		3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	T	☐ DELETE	4.1 TITLE		□ change □ realism
NAME	VECKER, RICHARD KEITH		4. 2 NAME	·	
STREET ADDRESS	8300 BISCAYNE BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33138	☐ DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE		Detere	5.2 NAME		c •
NAME			5.3 STREET ADDRESS		!
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		•
STREET ADDRESS			6.3 STREET ADDRESS		
SIRCEI ADDRESS	Į.		6.4 CITY-ST-ZIP	<u></u>	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

IG OFFICER OR DIRECTOR