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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P93000072887 (1)

FILED May 11 1998 8:00am Secretary of State

	JNRISE LANE, INC.	007200	, (1)						
Principal Plac	e of Business	Mailing Addr	005				4 I TABINATA KITA LALEN KINIL ADNIH BRIHL OKNIK ODIH IN		
900 SUNRISE LANE 900 SUNRISE LANE									
FT, LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304				!					
			-			i	DO NOT WRITE IN THIS	SPACE	
							3. Date Incorporated or Qualified 10/14/1993		
	Place of Business	2a. Mailing A	2a. Mailing Address				4. FEI Number	A	pplied For
21 26							<u>65-0444312</u>		ot Applicable
Suite, Apt.		27					5. Certificate of Status Desired		Additional equired
City & Stat	0	City & Sta	City & State				6. Election Campaign Financing \$5.00 May Be		
23				Zu. County			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	ļ.	Country			8. This corporation owes or has paid the cu		_ * .
24	25 29 3 9. Name and Address of Current Registered Agent		0			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
14/	ARCUS, GERALD	ent negistered age	····	81	Name		10. Hame and Address of New Pogistered	Ageitt	
	531 NW 15TH CT			82					
	ANTAION FL 33322					Addres	ss (P.O. Box Number is Not Acceptable)		
	AITHOR I C 00022			83					
				84	City		FL	85 Zip	Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0 registered agont, or both, in the Sta im familiar with, and accept the obt	502 and 607.1508, F de of Horida. Such ci igations of, Section €	lorida Statutes hange was au 07.0505, Flori	s, the above thorized by da Statutes	named the corp s.	corpo	ration submits this statement for the purpose only board of directors. I hereby accept the ap	of changing i pointment as	ts registered registered
SIGNATURE									
12,	Significate, typed or printed name of registered a		(NOTE:	Registered Age	nt signature	required	1 whon reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTOR	20 IN 12
TITLE	OFFICERS AND DIRECTORS DELETE		DELETE			V		Change	Addition
NAME	FLAVIN, PATRICIA			1,2 NAME		110	ond Sundernon No printic Blue		
STREET ADDRESS 3100 NE 59TH ST.				1.3 STREET ADDRESS		5.1	5 N. ATLANTIC BLUD		
CITY-ST-ZIP FT. LAUDERDALE FL				1.4 CITY - ST - ZIP		1-1	1. (n-1) 1=c 333 of		}
TITLE	S DELETE		DELETE	2.1 TITLE				Change	Addition
NAME	DAY, JOHN			2.2 NAME					
STREET ADDRESS				2 3 STREET ADDRESS					
CITY-ST-ZIP FT. LAUDERDALE FL			2. 4 CITY - ST - ZIP		ST - 74P				
TITLE	☐ DELETE		DELETE	3.1 TH LE				Change	Addition
NAME				3.2 NAME					
STREET ADDRESS	ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			 	3 4. CITY - 9	ST-ZIP				
TITLE	DELETE		4.1 TITLE				☐ Change	☐ Addition	
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP	orice		4.4 CITY-ST-ZIP				Chann	- Addition	
TITLE	DELETE		5.1 TITLE				L. Change	Addition	
NAME				5 2 NAME					
STREET ADORESS				5 3 STREET					
CITY-ST-ZIP TITLE			DELETE	5.4 CITY-S 6.1 TITLE	1 · ZIP			Change	Addition
NAME		L.,	POLICIE	6.2 NAME				T cuarific	Addition
STREET ADDRESS				6.2 NAME	Anngree				
					i				}
CITY-ST-21P				6.4 CITY - S	1-48"	<u></u>			

14. Thereby 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 arrows 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 drustee 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 a participation of the receiver or drustee.

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Hand SUNDSTROM

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