

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

FILED  
Apr 07 1998 8:00am  
Secretary of State

PRGFI CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000000280 (5)**  
1. Corporation Name  
**SUNRISE-NOB HILL INSURANCE & AUTO TAGS, INC.**



Principal Place of Business <b>7245 NW 88TH AVE TAMARAC FL 33321 US</b>	Mailing Address <b>7245 NW 88TH AVE TAMARAC FL 33321 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 <b>2107 South Andrews Ave</b>
22 City & State	27 City & State
23 <b>Ft Lauderdale, FL</b>	28 <b>Ft Lauderdale, FL</b>
24 Zip	29 <b>33316</b>
25 Country	30 <b>US</b>

3. Date Incorporated or Qualified

**01/03/1994**

4. FEI Number

**65-0468160**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

9. Name and Address of Current Registered Agent

**LAWSON, EDWARD  
12731 NW 1ST STREET  
PLANTATION FL 33325**

10. Name and Address of New Registered Agent

81 Name

**Sandler, Robert A.**

82

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

**2107 South Andrews Ave**

83

84

City

**Ft Lauderdale**

**FL**

85

Zip Code

**33316**

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

  
Signature (Type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/31/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>ED</b>	<input type="checkbox"/> DELETE
NAME	<b>LAWSON, EDWARD</b>	
STREET ADDRESS	<b>8310 STATE ROAD 84</b>	
CITY-ST-ZIP	<b>DAVIE FL 33324</b>	

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>DOCTOR, DONALD</b>	
STREET ADDRESS	<b>1219 SW 87 TERRACE</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

**See attachment for  
complete updated list of officers  
and directors**

2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

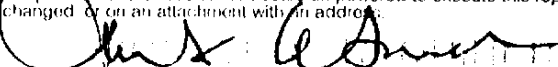
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:



**3/31/98**

CR2E034 (10/97)

**SUNRISE-NOB HILL INSURANCE AND AUTO TAGS, INC.**  
**DOCUMENT #P94000000280**  
**ATTACHMENT**

**Officers & Directors**

- |    |  |    |
|----|--|----|
| ①. | Lawson, Michele V.<br>2107 South Andrews Avenue<br>Ft Lauderdale, FL 33316 | PD |
| 2. | Sandler, Robert A.<br>2107 South Andrews Avenue<br>Ft Lauderdale, FL 33316 | SD |
| 3. | Lawson, Edward J.<br>2107 South Andrews Avenue<br>Ft Lauderdale, FL 33316  | TD |
| 4. | Raymond, Ronald A.<br>2107 South Andrews Avenue<br>Ft Lauderdale, FL 33316 | D  |
| 5. | Kramer, Bruce H.<br>2107 South Andrews Avenue<br>Ft Lauderdale, FL 33316   | D  |
| 6. | Leonard, Carla L.<br>2107 South Andrews Avenue<br>Ft Lauderdale, FL 33316  | D  |
| 7. | Simberg, Bruce F.<br>2107 South Andrews Avenue<br>Ft Lauderdale, FL 33316  | D  |